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WEATHERHEAD'S
NEW SYNOPSIS
OF
NOSOLOGY.

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A. L. Harris

A NEW SYNOPSIS

OF

NOSOLOGY,

FOUNDED ON THE PRINCIPLES

OF

PATHOLOGICAL ANATOMY,

AND OF

THE NATURAL AFFINITIES

OF

DISEASES.

BY

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TO

W. D. WEATHERHEAD, Esq.

MY DEAR SIR,

SITUATED as we are in the world, without other family relation than that in which we stand towards one another, I embrace with sincere pleasure the opportunity of dedicating the following Work to you, as a small tribute of my regard ; and remain,

My dear Brother,

Ever affectionately yours,

G. HUME WEATHERHEAD.

9, Upper Bedford Place,
Russell Square, 1st May, 1834.

INTRODUCTORY REMARKS.

THE word Nosology, according to its derivation, simply means a discourse on diseases; but, by conventional acceptance, it is used to signify their systematic classification. From the earliest periods in the history of medicine, when diseases came to be treated of in books, irregular vestiges of this department of medical science are to be found; and hence we observe the father of our art, Hippocrates, arranging diseases in groups, founded on some real or supposed analogy between them, or treating of them collectively, as they affect particular organs or parts of the body. As a knowledge of the nature of diseases became more correct and extended, we find, in later successive writers, greater precision and method in their classification; but Nosology, as a distinct branch of medical science, takes its origin from a period comparatively modern. Plater, who wrote in the beginning of the seventeenth century, was the first to sketch the penumbra of what is now understood by a synoptical classification of diseases. In his work on the Practice of Medicine, published at Basle in 1602, this author succeeded in making a first step towards a systematic arrangement of diseases, especially those affecting the nerves of sense and motion.

But it was François Boissier de Sauvages who compiled the first professed Synopsis on the classification of diseases. This work appeared in 1731, merely as outlines, which he subsequently republished, after taking above thirty years to complete it, in 1762, under the title of *Nosologia Methodica*. This illustrious writer's arrangement comprehends ten classes—a subdivision which of itself shews its vagueness; yet our admiration and gratitude are not the less due to Sauvages for having been the pioneer in this arduous and difficult undertaking; and to evince how far he accomplished it, it is only necessary to remark, that he formed several entire classes and orders which have been adopted by every nosologist who has succeeded him.

The Synopsis of Linnæus and Vogel appeared almost immediately afterwards; the one at Upsal in 1763, the other at Gottingen in 1764, without either of these having made any manifest improvement in the classification. Linnæus even augmented the number of classes to eleven; and many of his genera are nothing more than symptoms, such as *anxietas*, *languor*, *lassitudo*, *stupor*, *pruritus*, *tussis*, *stertor*, *delirium*, &c. Vogel makes a similar number of classes, and also enumerates a variety of mere symptoms as diseases, such as *nausea*, *tenesmus*, *ructus*, &c.; but his definitions are to be admired for their descriptive terseness. Macbride, Sagar, and the illustrious Cullen, followed. Of the first of these writers as a nosologist, little need be remarked, since candour obliges us to say, that he has done nothing to advance pathological classification. Sagar, again, whose work appeared at Vienna in 1776,

although he makes so many as thirteen classes, shews throughout his work much admirable distinctness and method; and many of his definitions are models of lucid acumen of comprehension. Indeed, it may be observed of the general character of the several systems of nosology, up to the time of Cullen, that it was not so much in improving the classification of diseases, as in more accurately separating them from one another, and defining their distinctive symptoms, that any progress was made.

Of Cullen we scarcely know whether most to admire the beautiful simplicity and clearness of his method, or the philosophical comprehension of his genius. As Sydenham has so deservedly obtained the appellation of the English Hippocrates, so may we, with equal justice, bestow on this immortal ornament of our profession the title of the Scottish Father of Medicine. Cullen, with that precision of thought which so eminently distinguished him, reduced the number of classes to four; but his methodical arrangement is too generally known to make it requisite to particularise it. Various other Synopses of Nosology have been put forth by different eminent men in England, amongst whom Parr, Young, and Good, are the most noted. It is not my intention, neither would it afford me any satisfaction, to enter into an examination of the principles on which they are founded. It were hypocrisy to pretend an unqualified, or even modified, approbation of their several methods, seeing that I have adopted for myself, in this Synopsis, one so very opposite. I may merely observe, that of the three, the system of the last of these writers is the one that most outrages every

natural affinity; and although Dr. Good makes an objection to Dr. Cullen's arranging itch and broken bones (as he facetiously expresses it) together, it seems he himself saw no incongruity in classing toothach (*odontia dolorosa*) with prolapsus ani (*proctica ex-ania*), as species of the first and last genus of his first class and order. Elsewhere we find cataract, amaurosis, staphyloma, and strabismus, all indiscriminately arranged as consecutive species of the same genus (*parapsis*). Indeed, throughout the whole work, examples of the same incongruity are to be found; but such was to be expected, as the unavoidable consequence of a synoptical arrangement founded on a system that could not possibly coincide, in most instances, with affinities either natural or pathological.

Medical practitioners, of any experience, have long been aware of the obvious differences between the pathological alterations and terminations that take place when tissues, distinct in their kinds, become the seat of morbid action. The first writer who most impressively pointed out this circumstance, was Dr. Carmichael Smyth; and the reader will find an excellent paper on this subject in the second volume of the Medical Communications, p. 168, published in 1788; but the subject did not entirely escape the notice even of the earlier nosologists, for we find Sauvages separating the phlegmasiæ into the membranous and parenchymatous. Pinel, some years afterwards, and apparently without the least knowledge of Dr. Carmichael Smyth's paper on the subject, adopted a precisely similar principle in his Nosographie Philosophique, in treating of the inflammations as they affect

distinct tissues, which, in the first edition of his work, was confined to the pathological differences specifically distinguishing the mucous and serous tissues only. It was from this outline, furnished by Pinel, that Xavier Bichât extended the idea to the analysis, natural and pathological, of all the tissues of the body; and eighteen months after the publication of Pinel's work, his treatise on the membranes appeared,—a model of precision, originality, and of philosophical analysis as applicable to disease, hitherto unknown in the development and illustration of pathological anatomy and physiology.

Carmichael Smyth and Pinel were the first, as I have already observed, who pointed out the identity of the physiological and pathological characters of similar tissues, though situated at a distance from each other. Yet it is to Xavier Bichât, the John Hunter of France, that is due the distinction of perfecting these new views, by forming them into groups and classing them in systems, each performing its characteristic function in health, and presenting its own peculiar pathological phenomena in disease. A persuasion, very generally entertained, is, that a minute knowledge of anatomy is neither essential nor useful either to the physician or surgeon. I hope to be able to shew, in the sequel, that this is a mistaken notion; and that an accurate and intimate acquaintance with the most minute and delicate structures of the body, is absolutely required to understand, not less the laws of morbid action than those of natural physiology; for if we trace the multi-form phenomena, either of health or of disease, up to

their elemental agents, we shall find these to be the ultimate extremities of every active organic structure.

The study of the pathognomonic characters of the diseases of particular tissues teaches us to distinguish, by symptoms, when the morbid action extends to another tissue that is contiguous, yet different, as we see when the inflammation of the conjunctival coat of the eye extends to the sclerotic, as well as when it creeps from one organ to another where the tissue is similar, as from the peritonæal tunic of the under surface of the liver to the outer tunic of the stomach, or from the upper surface of the liver to its expansion over the under side of the diaphragm ; and hence the nausea and vomiting in the one case, and the cough and hiccup in the other.

But the parts of the animal machine the study of which has thrown most light of late on pathological physiology, are those of the different tissues, in relation, first, to their structure, and afterwards to their functions. It is by knowing these that we are enabled to perceive the natural alliance which exists between anatomy, physiology, and pathology, and by which we come analytically to connect symptoms with the disorder or disorganisation of organs, since each tissue, we find, has not only a mode of disease daction peculiar to it, but likewise possesses its own particular sensibilities and irritabilities. For example, exposure to the external air causes little comparative uneasiness in the mucous tissues ; the uterus, or the lower portion of the rectum, may prolapse, and remain so without causing any acute pain or inflammation, while the access of

the atmospherical air to a serous or fibrous structure is altogether different—allow it but to enter the cavity of the abdomen, or of a joint, and you have inflammation to a violent degree excited, and pain the most excruciating.

Different structures, again, are sensitive to stimulants of very opposite kinds. The fibrous structures, for example, such as the ligaments, can bear to be cut with a knife, or cauterised, with perfect immunity from pain; but they can neither be extended or distended with the same impunity; while the liver, the lungs, and heart, the hemispheres of the cerebrum and cerebellum, the ganglions and filaments of the great sympathetic—all these parts, in a healthy state, are perfectly insensible to mechanical irritation: they can be cut, stretched, or torn, without causing pain.

It is told of Bichât, that he was nonplused one day by a question put to him by a patient he had just operated upon—why he should have felt so many different kinds of pain in the division of the different parts of the limb which had been amputated—why the pain was not the same in the section of the skin, of the nerves traversing the subcutaneous cellular membrane, the muscles, the bone, and the marrow? Bichât was compelled to acknowledge his ignorance. Subsequent reflection on this subject, aided by Pinel's previous attempt at its elucidation, led this comprehensive and original thinker to the discovery that each tissue had its own peculiar vitality, and was endowed with its own particular sensibility—the two grand principles on which depend all the phenomena characterising their states both of health and disease. It is to these

peculiarities that is to be attributed the multitude of words by which we designate pain ; the sensation may be burning, corroding, pricking, itching ; it may be excruciating, throbbing, pungent, lancinating, tensive, wrenching, racking, gnawing, tearing, griping ; it may be acute, dull, heavy, or obtuse : all of which, and many more, were it necessary to enumerate them, depend mainly on the nature of the tissue which is the precise seat of the sensation.

It is upon these circumstances, too, that the characteristic symptoms of a disease so frequently depend, as well as their tendency to terminate in a particular manner. The pain, as I have already observed, of inflammation of a mucous tissue, is never so acute as when a serous or fibrous membrane forms the seat of the morbid action. The pain attendant on a severe catarrh is not near so violent as that on a slight pleuritis ; phlegmonous inflammations are apt to terminate in suppuration ; the fibrous can scarcely be said to do so at all, if not involved in the process by the ulceration of contiguous parts.

The identity of all morbid phenomena depending upon conformity of tissue, and of the organic function of parts, though distant and isolated from each other, not only establishes the respective affinities which so many diseases have one with another, but it also illustrates the connexion between a suite of symptoms set up in the same disease. Gonorrhœa, for example, which is a virulent inflammation of the mucous lining of the urethra, is readily transmitted by contagion to the mucous lining of the eye-lids ; and, on the other hand, the matter of purulent ophthalmia, if applied to

the urethra, will produce a like disease in the part. All the leading symptoms of measles, again, are varied affections of the mucous tissues, and the particular manner in which they are grouped forms the specific character of this disease: the suffusion of the eyes, the coryza, the soreness of the fauces, the hoarseness, and cough, are every one of them affections of the mucous membranes; so is the subsequent diarrhœa, when it ensues; and the eruption itself has its seat in the thin mucous tissue connecting the vessels of the rete vasculosum. Here we have a concourse of symptoms demonstrating the utility of an analytic system of pathology founded on the principles of general anatomy. It has hitherto appeared an anomaly to many to class with scarlatina that form of it which simply affects the fauces, without being accompanied by any cutaneous efflorescence; but when it is viewed in its real pathological character as a specific disease affecting a particular tissue of the skin, and when we know that this very tissue is prolonged into the fauces, the anomaly vanishes. Scarlatina, in this point of view, does not depart in reality, though it may in appearance, from its essential character; but remains perfectly true to it, both pathologically and anatomically. It was ignorance of these circumstances that made Cullen class this disease, the malignant sore throat of so many writers, among his incongruous group of the Cynanches.

Bichât divided all the functions of life into two great classes, the animal and organic. The first comprehends those which relate to things external of the body; the second has reference to the functions which serve to the continually alternating composition and

decomposition of the different parts of the body. The brain he made the central organ of the one, the heart of the other. The physiological phenomena exhibited by the nerves, the muscular system, and the senses, he especially appropriated to the first; digestion, circulation, respiration, exhalation, absorption, secretion, nutrition, and calorification,* to the second. But a little consideration will soon convince us that this division of Bichât's is more plausible than real, having no foundation in nature; and its artificial character will be obvious the moment we apply it to the elucidation of disease. Every organic function, it is needless to say, is performed through nervous influence; and the differences in the phenomena between the animal and organic functions are, therefore, mere modes of one and the same power.

I hope to make obvious, in the sequel, the propriety, as well as utility, of founding Nosology on the properties of the tissues, as far as our knowledge of them goes: the similarity of their several symptoms when diseased, the resemblance in their results or effects, and, above all, the sameness of the principle requisite to be pursued in their treatment, in whatever part of the body the tissue may be situated, all demon-

* I may take this occasion to remark, that calorification is, in the strict literal sense of the word, a secretion performed by the capillary vessels—a *separation*, in fact, of a portion of the caloric, combined in a latent form, from the mass of the blood, in the accomplishing of which it seems probable the laws of electricity are concerned, since it is known that the blood, in passing from the capillary arteries into the capillary veins, passes from a positive into a negative state of electricity.

strate the advantages derivable from a classification taking this principle for its foundation.

On referring to systematic, and other writers, on diseases, we have recurring in almost every page occasion for surprise at the Protean form that the symptoms of the same disease are described as assuming — now present, now absent, sometimes acute, at other times obtuse; and if we come to examine how this happens, we shall find that it is attributable, in almost every instance, to the morbid action not being seated in the same tissue. This is more particularly observable in the diseases of compound organs; but in all these cases, on properly locating the seat of the morbid action, all contrariety and contradiction in the symptomatology is got rid of at once. It is true the morbid action set up in one tissue will, and does frequently, extend to a different tissue immediately contiguous, and then the symptoms peculiar to each become mixed; but, even in this case, a knowledge of these peculiarities assists rather than confounds the correctness of our judgment as to the nature and extent of the disease; for it will always be found, that the assemblage of symptoms present was not of simultaneous appearance, but that a part of them was superinduced on the other; thus shewing the progression of the diseased action by extension or sympathy.

I have already noticed the different degrees of sensibility and irritability possessed by the different tissues; and the consideration of this circumstance also tends to elucidate morbid phenomena. Disorganisations, for example, are most apt to occur in those

tissues possessing no great degree of vascularity and little sensibility, or in those which possess more irritability than sensibility. In all these instances, inflammatory action obtains an irritable character rather than one of intensity and activity; and such is ordinarily the case when the diseased action lodges more in the purely sentient properties of the part than in its vascular structure. However, though great vascularity be in general accompanied with a corresponding degree of sensibility, this must be received with some modification. Thus, the lips are extremely vascular; but then it is the skin covering them that is the most sentient part of them; and hence it is we see these parts obnoxious to subacute inflammatory action of a malignant character, ending frequently in cancerous disorganisation rather than in healthy suppuration; but, with some few exceptions, it may be said that in parts which are equally vascular and sensible, inflammatory action is ordinarily of an acute form, and speedily terminates either in resolution, suppuration, or gangrene. The action, in the first case, is more indolent, but more obstinate, and yields less readily to those means known as effectual in controlling inflammation; and even when entirely subdued to all appearance, it is a species of inflammation readily re-excited. The above is another example illustrating the important fact, that there is no detaching anatomy, physiology, and pathology, from each other in a practical point of view; and the circumstances likewise indicate how much scope there is for the institution of a system of therapeutics that shall connect the *materiæ medicæ* with the tissues, by shewing, not merely the general effects

of medicines on the common sensorium, but also the local operation of particular medicines on specific tissues.

It now becomes necessary to say a few words in explanation of the plan adopted in arranging the following Synopsis of Nosology.

The author has found that he has been able, by following the natural affinities, to classify all the diseases resulting from the derangements proper to the body, spontaneous and incidental, under four principal heads. These form his classes—namely, the PHLOGOTICI, or pure inflammatory diseases; the HÆMAPHARMATICI, or those diseases which originate from a miasm or poison entering the healthy blood, and tainting it; thirdly, the NEUROTICI, which comprehend all those diseases arising from affections of the nervous system, unaccompanied by any apparent structural disorganisation; while the last class, or the VITIA, comprises all accidental disfigurations, new morbid formations, extraneous lodgments, and congenital malformations.

The first class, or the pure inflammations, consists of two orders—fevers purely inflammatory, produced by the ordinary causes of idiopathic inflammation; and the inflammations of the membranous tissues. The diseases of the first order are few, and of rare occurrence as idiopathic affections, particularly the first of the species, or Synocha, to institute which it is manifest that the subject of it must be in that perfect state of health in which there exists no morbid predisposition whatever; so that, when the morbid phenomena are fully instituted, the inflammatory action shall evince no particular local determination—a condition of the

system so seldom met with, and so difficult to sustain, as the habits of society are constituted, that we cannot wonder at the rareness of its occurrence.

The diseases of the second order, again, which are infinitely more common, comprehend exactly all those inflammatory affections wherein the general equilibrium of the inflammatory action just spoken of has no existence; in which, on the contrary, the morbid action is either confined to a particular part, without involving the vascular system generally, or, synocha being present, it is accompanied with some particular local determination, constituting, in fact, the membranous inflammations. This order is divided into two sub-orders—the one including the inflammations of the tegumentary tissues, both idiopathic and sympathetic—the other those of the internal membranes.

It is this last sub-order that contains such a multitude of diseases, which, though all purely inflammatory, yet evince very marked differences in their pathological characters, owing to the great diversity in the structure of the tissues affected. The author, taking Bichât as his guide, has divided these into the mucous, the serous, the fibrous, and the cellular, to which he has ventured to add another, the albuminous; and, although Bichât has many more tissues, the author has found the preceding sufficiently numerous for all useful pathological purposes.

There is a class of diseases instituted within the body that are strictly humoral in their nature, produced by miasms or poisons being introduced into the healthy blood, either by inhalation or by inoculation purposely performed, or accidentally inflicted. These

form the author's second class, or the Hæmapharmatiki; and, differing as they do in their nature essentially from all other diseases, they can only be properly arranged by themselves. This class includes the fevers produced by miasms, whether of a vegetable or animal origin; likewise all those exanthems occasioned by infection, contagion, or inoculation; thus limiting the name to those efflorescences that ordinarily occur but once during life; and lastly, it associates with these, but in a distinct order, the morbid effects of animal poisons, not febrile or exanthematous, which, on entering the healthy blood, attack the vital principle.

The diseases of the nervous system, like the Phlogotici, are numerous and varied, and form the third class of this synoptical arrangement—the Neurotici. I have divided them into four orders. In the first the reader will find those affections which are characterised by aberrations of the judgment; in the second, the diseases affecting the nerves of sensation; in the third are placed the diseases proceeding from affections of the nerves of motion; while the last, the most numerous list of the whole, comprises the diseases of organic function. In none of the nosological systems hitherto published do these form a distinct group, a circumstance which has necessarily compelled the author to assume a new term to designate the order to which they belong; and he has fixed upon the Greek word *ἐργατικὸς* to form its denomination. A similar reason has obliged him to find other new names for some of the tribes into which the order is subdivided. The diseases proceeding from the function of sanguification, for example, are ranged under the tribe Hæmapoietici;

those ensuing from the state of the circulation he has classed under the Hæmacyclici; the functional diseases of the appetites form the Orectici; the tribe Eccritici denotes the disorders of the secretions; while the functional diseases of the womb connected with pregnancy are arranged under the Cyetici. The last three of these tribes do not require any particular explanation; but as the diseases belonging to the first two have never yet been grouped together as functional diseases, even by implication, a few words may be necessary to explain the author's views of the matter.

The function of sanguification is capable of three different conditions: blood may be elaborated in excess, and thus induce not only a morbid predisposition, but a diseased state of the body itself, constituting, in fact, plethora; sanguification, again, may, through a debility of function, be defectively performed, thus constituting the disease called anæmia; and, lastly, the function may be depraved, and instead of elaborating healthy blood, a corrupt fluid may be the result of the morbid process, and thus give rise to scurvy. All these three conditions of the blood, it may be observed, are not only diseases of themselves, but they embody morbid sequelæ that are frequently of a more fatal tendency than the diseased state from which they ensue. Hence it is that we see a foundation laid by the first for secondary apoplexy, that is, rupture of some of the blood-vessels within the head from engorgement and congestion, or for some violent internal inflammation; while, in the other two, we find dropsical effusions into various cavities of the body as their very ordinary consequence.

The diseases induced from the state of the circu-

lation are not less interesting, and are of still more common occurrence. To the functional diseases of the circulation appertain all sanguineous congestions and fluxes, both active and passive, and their sequelæ are perhaps still more fatal than those ensuing from the diseases of sanguification. Apoplexies and palsies are their sequences; and if the sanguineous fluxes do not of themselves prove directly fatal, they are sure, by long continuance or frequent recurrence, first to induce an artificial state of anæmia, and consecutively to be followed by the sequelæ of this state—dropsical effusions.

The mention of sequelæ leads me naturally to remark, that diseases are not all primary in their nature, although, in arranging them, nosologists have never yet drawn the proper distinction between them; on the contrary, a great number of diseases are entirely morbid results of the primary disease, and many are again the sequences of these very morbid results themselves. Each of these the reader will find arranged in the natural order of their sequences in this new Synopsis—a method that has not hitherto been adopted by any preceding nosologist. But it may be well to elucidate my meaning more distinctly, by exemplifying it. Let us take sub-acute hepatitis as the primary disease: a common morbid consequence of this is the interstitial deposition of coagulable lymph into its structure, which, on becoming organised, constitutes scirrhus of the liver. This is a sequela of the primary morbid action, but it is not its ultimate result, as we shall see by pursuing the subject a little further. Scirrhus gives a preternatural solidity and induration to the liver: this naturally presents a constant and powerful

author has bestowed his utmost attention to deduce them in their proper order and place, so as to present to the reader not merely a correct nosological arrangement as to the nature of diseases in general, but a synoptical diagram, at the same time, of the relation they hold one with another, as consecutive series.

The advantages of this arrangement to the younger members of the profession, and to students in medicine in particular, will be obvious, from its placing morbid phenomena before them based on the method of analysis. It is only thus that the natural alliances of diseases can be perceived, by connecting them together according to their pathological character, by which their affinities become obvious and intelligible, instead of classifying them, as has been done hitherto, in a manner wherein their natural relations were so much disregarded. For what can more forcibly exemplify this, than the practice of indiscriminately classing the sequelæ and sub-sequelæ of diseases as genera or species, among those of a primary nature, to which they are imagined to bear some vague analogical affinity? The dropsies, for example, are placed, even by the sagacious Cullen, in his order *Intumescentiæ*, among which we find, most incongruously assembled together, *Polysarcia*, the different chronic morbid enlargements of the viscera, *Emphysema*, *Rickets*, &c., and all from the single and indefinite character of *tumefaction*, being common to them all. Sauvages goes even farther, and arranges retention of urine along with the dropsies. The class “*Dolores*,” again, among the older nosologists, afforded greater scope for still more inconsistent arrangements; and in later times we find Willan, from

similar inaccuracy in adopting a fallacious criterion of distinction, congregating itch in the same order with small-pox. The principle, again, which Dr. Good adopted, relieved him from all observance of the affinities, either natural or pathological; and when these do coincide with his arrangement, it is altogether attributable, as a matter of accident, to the essential nature of the function forming the class and order. It is thus that the arrangement of his *Neurotica* does not evince the same want of pathological connexion as we are compelled to observe in his classification of the diseases of the “ Digestive Function,” or among the multifarious and opposite diseases included in the affections of the “ Sexual Function.”

The plan of the following Synopsis, differing as it does in so many respects from any other, has, as a matter of necessity, compelled the author to form and employ some new words, in a few instances; but, in venturing to do so, he has striven to conform them with the spirit of the accepted nomenclature of the day, and to introduce as few of them as he possibly could. For the most part, the new terms are formed to denote the nature of the new arrangement, and are therefore confined principally to the more abstract terms, such as the names of orders, tribes, and genera; and if, in one or two instances, he has presumed to change the name of a species, it has been solely for the sake of preserving a consistent uniformity, and only then where the term in use was either a solecism or an incorrect application of it with respect to its etymology, or to the pathological meaning it was employed to convey. No word is more frequently applied improperly by medical writers

than one in very ordinary use—the word *chronic*. According to the meaning of its etymon (*χρόνος*), it ought to imply, speaking of a disease, one that has lasted for some time; for it is manifestly a solecism in language to say of any disease that it was *chronic* at its commencement; and yet this is done every day. A person who is affected with one of the species of rheumatism, though it may be for the first time, is said to be attacked with *chronic* rheumatism. Now, though a disease may by persistence subside into a *chronic* state, it always begins either in an acute or sub-acute form; and in the above instance, therefore, the disease is sub-acute rheumatism, not *chronic*. But this is not the only inaccuracy entering into the acceptance of the word *chronic*. When employed to denote the last stage of an acute disease, such as that state of debility of the veins remaining after acute conjunctivitis, the latter periods of a catarrh, or of gonorrhœa when the muculent discharge results more from relaxation than inflammation, that I conceive to be its proper application and meaning; but the term is abused when it is employed to designate, what it often is, that state of re-excitement to which very many sub-acute inflammations are liable: here, though the disease be of long-standing, its exacerbation cannot be considered of a *chronic* nature, but only a renewal of the sub-acute morbid action.

The name of every disease ought to express, as perfectly, and in as concise a manner as language will admit, both the nature of the disease and the exact seat of it. Thus the termination *itis* is now made by convention to denote inflammation; and when this is

united with the name of the part inflamed, we have the disease accurately signified. It is from such a reason that the author has not hesitated to adopt several very useful words, especially those indicative of several ophthalmic diseases, as blepharitis, dachryo-cystitis, &c. from some of the best German writers; and in one or two instances he has been induced to alter the nomenclature, where this was egregiously improper, as in the case of gonorrhœa and hæmorrhoids, adapting the new term to the general model; and, in another instance or two, the author has been obliged to form a new word altogether, from none being in existence designating the disease, such as the sub-acute inflammation which affects the tunica vaginalis lining the scrotum and covering the testis, the common sequela of which is hydrocele. But as a general rule of observance, the writer has made it a point to interfere as little as possible with the nomenclature in use; for, though sensible that many names of diseases would not stand the strictest etymological scrutiny in reference to their propriety as apposite denominations, he is not the less persuaded of the impropriety of introducing any improvement in this respect in any other than the most gradual manner, and, as it were, *verbatim*.

With respect to the signs employed as distinctions, in the present Synopsis, a few words will suffice to explain their import: the numerals, as will be seen, denote the species, the Greek letters the different varieties of the species, and any of the varieties having sub-varieties, such as being epidemic, or having more forms than one, these are indicated by italic letters. The morbid consequences, again, or *sequelæ*, primary

and secondary, are distinguished after a similar manner. Thus, taking perichondritis, or inflammation of the perichondrium, as the species, we observe that there are two varieties of it—simple perichondritis, such as may affect the cartilages of the ribs, and synovial perichondritis, or inflammation of the inter-articular perichondrium. Now this last has three sub-varieties, the syphilitic, the scorbutic, and the scrofulous; while the varieties of the scrofulous, again, take their denomination from the joints severally, as they may chance to form the seat of the morbid action. The manner in which these several diseases are denoted, the reader will find thus:

Sp. PERICHONDRITIS.

α. Simplex.

β. Synovialis.

a. Syphilitica.

b. Scorbutica.

c. Scrofulosa.

a. Coxendicis.

b. Genu, &c,

By “General Sequelæ” it is intended to signify the secondary diseases common to all the varieties collectively; but when a sequela immediately follows any particular variety, it simply denotes the secondary disease belonging especially to that form, and not to the others that follow. There are diseases, again, that are subsidiary to the sequelæ themselves, accruing, in fact, from them: these the reader will find indicated under the denomination of sub-sequelæ. The sequelæ, for example, of perichondritis are two; first, absorption of

the substance of the cartilage,* by which it becomes thinner, but not ulcerated; and, secondly, ulceration of the cartilage, a common consequence or sub-sequela of which is ankylosis. Vicarious enuresis, in consequence of suppression of urine in nephritis, furnishes another example of a subsidiary sequela, where the urine is at times excreted from the skin, or it may be effused into the ventricles of the brain.

For the sake of distinctness, the inflammations of the several tissues have been treated of separately; but it must always be held in mind, that an inflammation commencing in one tissue is extremely apt to involve another, though of a different texture, if contiguous, in the same diseased action. For example, inflammation of the pleura covering the lungs is exceedingly liable to extend to their parenchymatous structure, thus forming pleuro-pneumonitis; but in such a case the inflammations of the specific tissues have each their dis-

* Some have been much inclined to doubt whether cartilage be an organised part of the body, simply from the circumstance that they have not been able to inject it, or to observe vessels in it when evidently diseased; but both circumstances have little weight, in my judgment, as being conclusive against their vitality, when we give due consideration to the fact of their being not unfrequently partially absorbed without being ulcerated. To measure the limits of vitality by size and vermilion, is graduating the powers of life by a biometer neither accurate nor applicable. Neither can we inject the cornea in its healthy state, or crystalline lens, and yet disease can do both: so are they also capable of being absorbed, and of having matter (coagulate lymph) deposited within their structure. Is it necessary to ask, or to answer, how, and by what means these effects are accomplished? Anatomy and pathology go hand in hand in reciprocally elucidating each other, and both must at times be received in evidence circumstantially.

tinctive symptoms ; and therefore, even when an inflammation extends its sphere of action into another tissue, we are enabled to detect it by the supervention of a new set of symptoms. The only exception, perhaps, to this law in pathology is when several distinct tissues are wounded by one and the same cause ; then the different sets of symptoms may be nearly simultaneous in their appearance : but this is a circumstance that does not affect the general law, neither can it well mislead us. These complications, therefore, are not specially noticed in the following nosological arrangement.

To conclude, the writer may be permitted to observe that it cannot be expected he should enter into a full development of so extensive a subject as the present, or elucidate views so important as those embraced by the outline he has barely sketched, in the narrow limits of an Introduction. Suffice it for the present to say, that such constitute the principles on which his lectures are based. The subject has occupied his attention and thoughts for years ; and he fain would hope, that the prosecution of it will tend to facilitate both the study and the satisfactory illustration of disease, by affording, to the student of medicine in particular, the means of acquiring a just idea of morbid affinities ; and by thus associating diseases in a connected series of relations and sequences, a correct knowledge of them will be attained by simplifying the diversity of morbid actions, which otherwise only confuse the understanding by being unconnectedly subdivided, or discordantly grouped.

CORRIGENDA.

At page 4, insert as a sequela of

“PHLOGOSIS CUTANEA”

Absorptio ulcerativa (*spontaneous excoriation*).

p. 5. After “suppuratio (*apostema*).

a. Ulcus,” insert as another sequela,

b. Synocha remittens (*hectic fever*).

p. 15. After “TARSITIS,” insert (*psorophthalmia*) as a synonym.

p. 25. After “PERITONITIS,” insert as

Sp. 10. VAGINO-TESTITIS. Inflammation of the tunica vaginalis of the testis and scrotum.

Sequela.

Hydrocele.

p. 63. After “hemiplegica,” insert as sequela,

a. Dysphagia paralytica.

b. Incontinentia urinæ.

c. Dyspermatismus paralyticus.

A
NEW SYNOPSIS
OF
NOSOLOGY.

Classis I. PHLOGOTICI.

PURE inflammatory diseases.

As the particular action constituting inflammation accompanies, more or less, all the idiopathic fevers arising from miasms, this has induced the writer to commence his Synopsis with the class *Phlogotici*, in preference to that in which these fevers will be found arranged, and thus avoid the inconvenience and incongruity of referring to morbid actions and results not previously classified.

The morbid phenomena of inflammation appear to be deducible from the equilibrium of action in the circulation being destroyed between the heart and larger arterial trunks and their capillary extremities.

In all local inflammations, when the affection is slight, and confined to an unimportant part, observation and experiments have demonstrated that the action of the extreme arteries and veins alone is unduly diminished, the main circulation remaining undisturbed. But when the attack is more violent, and the part or organ affected performs an office of consequence in the system, the heart and larger arteries become involved in the morbid phenomena: their action is inordinately increased in power and frequency, and thus institutes the accompanying febrile symptoms.

Ordo I. PYRECTICI.

Fevers purely inflammatory.

The *rationale* of the symptoms in this order of the Phlogotici differs from that in which the essential morbid phenomena of inflammatory action are more antithetic, and consist in a general idiopathic inflammatory action of the vascular system, without a local determination to any particular organ. Neither do they originate from any miasm, either paludal or animal, having previously entered the blood. It is this latter circumstance that essentially distinguishes the phlogotic or inflammatory from the hematic or humoral fevers.

Genus 1. CONTINENS. Of the continued type.

Species 1. SYNOCHA (*inflammatory fever*).

Varietas α . Simplex.

β . Biliosa.

γ . Comitata. Symptomatic of some local inflammation.

Sp. 2. EPHEMERA (*diary fever*).

α . Mitis.

β . Gravis.

γ . Sudans.

Gen. II. REMITTENS. Of a remittent type.

Sp. 1. SYNOCHA REMITTENS (*hectic fever*). This form of Synocha is always symptomatic.

Ordo II. MEMBRANACEI.

Membranous inflammations.

Sub-Ordo A. TEGUMENTARIJ. Inflammations of the membranous tissues forming the tegumentary laminæ.

The French anatomists, Dutrochet and Gaultier, have demonstrated that the integuments consist of six distinct laminæ: viz. the epidermis, the lamina cornea, the lamina colorata, the lamina albida, the corpus papillare (consisting of the rete vasculosum and the papillæ proper), and the corion.

To these tissues, composing the tegumentary parts of the body, the author has added the subcutaneous cellular membrane. This tissue, by enveloping the entire body, may properly be considered tegumentary under this view alone; but, appropriating this arrangement still more strictly, we shall see, if we examine into them, that, in the laws of its morbid phenomena, the subcutaneous cellular membrane corresponds with those of the other tegumentary tissues. Each of these tissues is the more especial seat of specific kinds of cutaneous diseases. I have said "more especial seat," because in tissues so slender and so contiguous, deriving their particular sets of vessels from the same source, one can seldom be affected without involving, more or less, one or more of the others. But while such is the fact, we still see that law in the organic system observed, by which each particular tissue modifies and characterises the morbid phenomena.

Tribus I. IDIOPATHICI. Of an idiopathic nature.

Gen. I. EPIDERMICI. Inflammations affecting the lamina cornea.

It is this lamina of the epidermic tissue which produces and reproduces the nails in man, the scales in fish and serpents, the horns in animals, and which is constantly reproducing the epidermis itself. This lamina, in fact, becomes epidermis on losing its vitality when exposed to the atmosphere. The epithelium, which is but an introversion of the epidermis lining the entire of the primæ viæ, undergoes a similar change by long-continued eversion, as we sometimes see in prolapsus of the rectum, and of the inner surface of the uterus.

Sp. 1. ICHTHYIASIS (fish-skin disease).

α. Simplex.

β. Cornea.

Sp. 2. VERRUCA (a wart).

Sp. 3. CALLUS. A thickening of any part of the epidermis from hard work, much walking, constant attrition, &c.

Sp. 4. CLAVUS (a corn). Produced by pressure, embedding an indurated portion of the lamina cornea in the corion beneath.

Sub-Genus PILARIS. Affecting the hair.

Sp. 1. PLICA POLONICA. An inflammatory disease affecting the sheath of the hair formed by the lamina cornea.

Gen. II. VASCULOSUS. Seated in the blood-vessels of the rete vasculosum.

The vessels forming the net-work over the corion do not properly belong to this membrane, but merely pass through it; and from the small quantity of tissue connecting them together, there is no sensible tumefaction when affected with inflammation; neither does this web suppurate readily, if no other tissue be involved in the action.

*Sp. 1. PHLOGOSIS CUTANEA** (*idiopathic inflammation of the skin*).

α. ab acribus.

β. ab ictu insectæ.

γ. ab ambustione.†

δ. a distensione subcutanea (e. g. ab anasarca).

ε. Vesicularis (accompanied with vesications).

a. a solis calore.

b. ab irritantibus.

c. a combustura.

Gen. III. CORIACEI. Diseases having their seat in the fibro-cellular tissue of the corion.*Sub-Gen. A. PROPRIUS.* Affecting the corion simply.

The corion is a dense areolar web; and the small degree of vitality it possesses, from its being sparingly supplied with blood-vessels, causes it to be readily chilled; hence, also, the reason why it suppurates so slowly, and heals so reluctantly.

Sp. 1. PERNIO (chilblain).

* This affection is ordinarily denominated *erythema*; a word which the writer proposes to confine to those *sympathetic* efflorescences of the same tissue proceeding from an internal cause.

† When accompanied at the same time with excoriation, this becomes a wound (*vide Plagæ*).

Sub-Gen. B. SEBACEI. Seated in the sebaceous follicles of the corion.

Acutus.

Sp. 1. SYCOSIS.

α. Menti.

β. Capillitii.

Sub-acutus.

Sp. 1. ACNA (stone-pock).

α. Simplex.

β. Gutta rosea (carbuncled face).

Sub-Gen. C. AREOLARES. Primarily affecting the adipose cellular packets situated in the areolæ of the corion.

Sp. 1. FURUNCULUS.

α. Simplex (boil).

β. Anthrax (carbuncle).

α. Comitatus. Symptomatic of the plague.

Sub-Gen. D. CORIO-AREOLARES. Affecting both the corion and areolæ, (*whence the tubercles and thickening of the skin*).

Sp. 1. ELEPHANTIASIS.

Gen. IV. SUBCUTANEI. Inflammations of the subcutaneous cellular tissue.

Superficialis.

Sp. 1. PHLEGMON.

α. Communis.

β. Phimotica (phimosis).

a. Incarcerans (prepuce irretractile).

b. Strangulans (prepuce retracted behind the glans).

Sequelæ.

a. Suppuratio (apostema).

a. Ulcus.

b. Mortificatio.

a. Imperfecta (*gangræna*).b. Absoluta (*sphacelus*).*Profunda.**Sp.* 1. PHLEGMON SUBFASCIALIS.

α. Communis.

β. Paronychia (*whitlow*).

Sequelæ.

a. Suppuratio diffusa.

a. Ulceratio fasciarum, tendinumque.

b. Apostema psoaticum.

c. Sinus.

α. Fistula.

Trib. II. SYMPATHETICI. Diseases affecting sympathetically the tegumentary tissues.

Excepting the preceding affections of the skin, which are purely idiopathic, and those originating from infectious contact, all the other cutaneous diseases are sympathetic of some acrimony generated idiosyncratically, or otherwise, in the first passages; and this, by irritating a particular tissue of the intestines, excites by sympathy the morbid phenomena we observe in the corresponding tissue of the skin.

Gen. SQUAMOSI. Seated in the lamina cornea, and causing a continual re-production of the epidermis, which keeps separating either in deciduous exfoliations, or in branny scales.

Sp. 1. Lepra (*leprosy*).

α. Vulgaris.*

β. Alphoides.

γ. Nigricans.

Sp. 2. PSORIASIS (*scaly tetter*).

α. Guttata.

β. Diffusa.

* The affection of the nails in this disease, independent of other circumstances, shews its seat to be in the lamina cornea.

- γ. Gyrata.
- δ. Inveterata.
- ε. Labialis.
- ζ. Ophthalmica.
- η. Scrotalis.
- θ. Præputii.
- ι. Palmaria.

Sp. 3. PITYRIASIS.

- α. Capitis (*dandriff*).
- β. Rubra.
- γ. Versicolor.
- δ. Nigra.

The next lamina, the *corpus mucosum*, or *lamina colorata*, does not seem to be especially the seat of any sympathetic cutaneous affection.

Gen. II. VESICULOSI. Inflammations of the lamina* albida, in which the extremities of the vessels pour out serosity in form of sub-epidermic vesicles.

Sp. 1. POMPHOLYX.

- α. Benignus.
- β. Diutinus.
- γ. Solitarius.

This disease is arranged by Willan under the order Bullæ; but, the writer thinks, without any sufficient necessity for establishing the order at all. The difference between vesicles and blebs is this, that in the former, the serosity, being poured out gradually, distends the cells of the vesicles without bursting their septa; but in blebs, the effusion taking place more quickly, and in larger quantity, ruptures the cellular septa, and the fluid of many cellules comes to be contained in one cell or bulla. Both blebs and vesicles are often seen co-existent, and produced by the same causes. The application of cantharides affords a familiar example of this fact, in which the fluid from the bleb is evacuated at once by a

* The laminæ immediately above and below the corpus mucosum were first pointed out by Cruikshank in a negro who had died of small-pox.

single puncture, whereas it requires several perforations completely to evacuate that of a vesicle. As for the difference in size of the two, that is no sure pathological criterion of distinction. Almost all authors now agree in doubting the existence of any particular disease under the name of pemphigus; it is therefore omitted in this synoptical arrangement.

Sp. 2. APHTHA (the thrush).

- α. Lactantium.*
- β. Adultorum.*
- γ. Anginosa.*
- δ. Maligna.*

Sp. 3. HERPES.

- α. Phlyctænodes.*
- β. Zoster (the shingles).*
- γ. Circinatus (the ringworm).*
- δ. Labialis.*
- ε. Præputialis.*
- ζ. Iris.*

Sp. 4. RUPIA.

- α. Simplex.*
- β. Prominens.*
- γ. Escharotica.*

Sp. 5. ECZEMA.

- α. Spontaneum.*
- β. Mercuriale.*
- γ. a frigore.*

Sp. 6. MILIARIA.

- α. Phlogotica.* Supervening in febrile diseases; the effect of improper stimulant diet and treatment, when producing profuse sweating.

Sub-Gen. PUSTULOSI. Inflammations affecting the lamina albidă, in which it seems probable the vessels of the papillary tissue participate,* forming a purulent vesicle (*pustule*).

* The writer is inclined to attribute the purulent nature of the matter to this participation.

The *Pustulosi* do not appear to the author to require to be ranked as a genus by themselves, but only as a sub-genus of the *Vesiculosi*, notwithstanding that Willan has drawn so marked a distinction between these two kinds of secretions. It is a mistaken notion to entertain, that the matter we call pus is secreted with the characters which distinguish it: the matter of pus is colourless when first secreted even from an open ulcer, and it is only by a change which it afterwards undergoes, that it assumes the yellow and what is known as the purulent appearance. Van Swieten was the first to prove this by direct experiment. This distinguished physician carefully wiped off the matter from the surface of a clean healthy ulcer, as fast as formed, with a piece of sponge, and found it, on examination, to be perfectly colourless: the same fact is still more readily observed on an extensive scald. Pustules, if examined in the first instance, will always be found to contain a colourless fluid, which becomes yellow only after a time, and as the pustules fill. Again, in the natural cow-pox, the eruption is a pustule; in the inoculated, it is a vesicle. This circumstance evinces how nearly allied they are in indentity. Indeed, it may be observed, that in almost all the vesicular diseases, the fluid becomes opaque, or changes to a straw-colour, before the vesicle dries up. We therefore see, that the difference between pustules and vesicles is so slight as not to warrant any wide distinction between the diseases they characterise—in fact, that they are little more than modes of one another, pathologically considered.

Sp. 1. IMPETIGO (humid tetter).

- α. Figurata.*
- β. Sparsa.*
- γ. Erysipelatodes.*
- δ. Scabida.*
- ε. Rodens.*

Sp. 2. ECTHYMA.

- α. Vulgare.*
- β. Infantile.*
- γ. Luridum.*
- δ. Sequelosum.* Ensuing in the cachectic state left after measles, small-pox, &c.

Gen. III. EFFLORESCENTES. Inflammations of the rete vasculosum, shewing themselves in vivid cutaneous efflorescences.

*Sp. 1. ERYTHEMA.**α. Fugax.**β. Erraticum.**γ. Marginatum.**δ. Papulatum.* Extending to the cellular tissues of the papillæ.*ε. Tuberculatum.* Involving the sebaceous follicles.*ζ. Nodosum.* Extending to the subcutaneous cellular tissue, accompanied with partial effusions.*Sp. 2. ROSEOLA.* Involving the papillæ, and thus causing the accompanying itching or tingling sensation.*α. Æstiva.**β. Autumnalis.**γ. Annulata.**δ. Infantilis.* Usually caused by dentition.*ε. Comitata.* Occasionally symptomatic of gout, fever, variola, and vaccinia.*Gen. IV. PAPILLARES.* Inflammations sympathetically affecting the rete vasculosum and papillæ.

As anatomy often illustrates the difficult and nicer points of pathology, so does pathology sometimes elucidate, in like manner, the more minute parts of anatomy. As a beautiful example of the latter circumstance, I may here notice, that, though the papillæ over the surface generally cannot be shewn in a healthy state of the skin, and their existence, therefore, is admitted more by analogy than by actual demonstration, yet when these bodies become the seat of disease, as in measles, strophulus, &c. their existence in almost every part of the skin is made both obvious and palpable.

*Sub-Gen. A. Peculiar to infants.**Sp. 1. STROPHULUS.**α. Intertinctus (red-gum).**β. Albidus.**γ. Confertus (tooth-rash).**δ. Volaticus.**ε. Candidus.*

*Sub-Gen. B. Affecting adults.**Sp. 1. LICHEN.*

- α. Simplex.*
- β. Pilaris.*
- γ. Circumscriptus.*
- δ. Agrius.*
- ε. Lividus.*
- ζ. Tropicus (the prickly heat).*
- η. Urticatus.*

*Sp. 2. PRURIGO.**Generalis.*

- α. Mitis.*
- β. Formicans.*
- γ. Senilis.*

Localis.

- α. Podicis.*
- β. Pudendi.*
- γ. Scroti.*
- δ. Præputii.*
- ε. Urethralis.*

The local varieties of Prurigo sometimes originate from causes entirely idiopathic; at other times they are purely sympathetic.

The corion does not seem to be sympathetically obnoxious to disease proceeding from the *primæ viæ*; but it is liable to be involved in the inflammations of the subcutaneous cellular tissue.

Gen. V. SUBCUTANEI. Sympathetic inflammatory affections principally seated in the serous vessels of the subcutaneous cellular membrane.

Sp. 1. URTICARIA (nettle-rash). This disease consists of effusions of lymphoid serosity into detached portions of the cellular tissue immediately beneath the corion; and which, by suddenly distending, and thus irritating, the papillæ, causes the itching sensation so commonly attendant on wheals.

- α. Febrilis.*

- β. Idiosyncratica. Sometimes induced by eating mussels, mushrooms, &c.
- γ. Evanida.
- δ. Perstans.
- ε. Conferta.
- ζ. Tuberosa.
- η. Larvata.

Sp. 2. ERYSIPELAS (St. Anthony's fire). Erysipelas consists in an inflammatory affection of the serous vessels of the subcutaneous cellular membrane (whence proceeds the attendant anasarca), extending through the corion to the rete vasculosum (whence the efflorescence), and sometimes to the vessels of the lamina albida (whence the occasional vesications).*

- α. Phlegmonodes.

Sequela.

Apostema sero-purulens. When the corion has been much involved in the inflammatory action, a thickening of this membrane is left, which is slow in discussing.

- β. Œdematodes.

- a. Encephalicum. Affecting the cellular tissue of the pia mater.

Sequela.

Effusio serosa cerebri.

- γ. Malignum.

Sequela.

Ulceratio gangrænosa.

- δ. Puerperarum (*erysipelatos puerperal fever*).

Sequela.

Effusio serosa abdominalis.

* Erysipelas appears to partake of the nature both of the exanthems and the sympathetic cutaneous diseases. It is often ushered in by a precursory fever, and is at times infectious: it is also as frequently to be traced to some idiosyncratic or sympathetic affection of the primæ viæ.

1. Neonatorum. Affecting infants in lying-in hospitals.

Sequela.

Ulceratio gangrænosa.

Trib. III. CONTAGIOSI. Pustular cutaneous diseases not sympathetic, but produced by the absorption of a specific contagion, confining its action to the skin, and inducing eventually no constitutional symptoms or sequelæ.

Gen. I. VESICULO-PUSTULARES. Appearing in the form of pustules or vesicles.

The morbid action in this genus appears to be seated both in the rete vasculosum and lamina albida; affecting likewise, in the first species, the nervous ramuscles of the papillæ.

Sp. 1. SCABIES (the itch).

α. Papuliformis.

β. Lymphatica.

Both scabies and impetigo exemplify that they may occasionally be either vesicular or pustular diseases, affording another proof and instance of the little essential difference there exists in any nosological distinction founded on such pathological characters.

γ. Purulenta.

δ. Cachectica.

Sp. 2. PORRIGO (scald-head, &c.).

α. Larvalis (*crusta lactea*).

β. Furfurans.

γ. Lupinosa.

δ. Scutulata (*ringworm of the scalp*).

ε. Decalvans.

ζ. Favosa.

Sub-Ord. B. INTERNI. Inflammations of the internal membranous tissues.

Although a doubt may attach to the precision of the appropriation of some of the diseases classed under the first sub-order of the Membranacei, or those affecting the *external* membranous or tegumentary tissues, this uncertainty, we shall find, in no way applies to any of the genera affecting the *internal* membranes.

Gen. I. MUCOSI. Inflammations of the mucous membrane.

Bichât divides the mucous membranes into two systems—the pneumo-gastric and the genito-urinary: the first, commencing at the mouth and nostrils, lines the air-passages and cells, and likewise the first passages; the second begins at the *meatus urinarius* in the male, and after furnishing an internal tunic to the urethra and bladder, ascends by the ureters and lines the cavities of the kidneys; while in the female it commences at the vulva, and furnishes an inner tunic to the womb as well as to the bladder. Lining thus the great receptacles and emunctories of the body, these membranes are almost constantly in contact with extraneous or excrementitious matters. This tissue, therefore, is to be regarded as a sort of sentinel stationed at the barriers of the interior of the system, to perform the same duty within which the skin discharges at its surface: both are emunctories, both are surfaces of absorption, and both are tegumentary and protective.

The peculiar nature and office of this tissue modifies its morbid affections. From the looseness of its texture there is little tension present when it is inflamed, neither is the pain very acute, or the attendant fever very intense. Its most ordinary termination is an increase of its proper secretion (*mucus*); and as the mucous membranes, both pneumo-gastric and genito-urinary, are to be regarded strictly as introversions of the cutaneous laminæ, we find their diseased states both originating from, and influenced by, the condition and vicissitudes of the atmosphere; and hence, also, it is that several of them are of an epidemic nature.

Sp. 1. CONJUNCTIVITIS. Inflammation of the conjunctival tunic of the eye.*

* The conjunctiva, though covering the *surface* of the eye, must yet be reckoned one of the internal membranes, proceeding as it does from the inner lining of the palpebræ, and being covered by the eyelids.

Acuta.

- α.* Simplex.
- β.* Catarrhalis.
- γ.* Epidemica.
- δ.* Herpetica (*pustular ophthalmia*, as it has been called).
- Sequelæ.
 - a.* Depositio interstitialis.
 - b.* Ulceratio.

Sub-acuta.

- α.* Encanthica. A partial, sub-acute inflammation affecting the inner canthic portion of the conjunctiva.
- Sequela.
 - Pterygium.
- β.* Indolens (*a blight*).

*Sp. 2. BLEPHARITIS.** Inflammation of the inner lining of the palpebræ, attended with a copious puriform discharge.

- α.* Simplex.
- β.* Ægyptiaca (*Egyptian, or purulent ophthalmia*).
 - a.* Acuta.
 - b.* Sub-acuta.
- γ.* Virulenta. Produced by the contagious matter of urethritis virulenta (*gonorrhœa*).
- δ.* Neonatorum. Affecting new-born infants, caused by the contact of some discharge of an acrid nature in its passage through the vagina.
- General sequelæ.
 - a.* Vegetationes granulares.
 - b.* Ectropium.
 - c.* Polypus palpebræ.

Sp. 3. TARSITIS. Inflammation of the Meibomian follicles of the tarsus.

- α.* Universalis. Affecting the whole of the tarsus.

* From βλίφαρον, the eyelid.

- a. Acuta.
- b. Chronica.
- c. Specifica. Proceeding from a scrofulous or syphilitic taint.
Sequela.
Entropium.
Sub-sequela.
Trichiasis.
- β. Partialis. Confined to a single follicle (*hordeolum, sty*).

*Sp. 4. DACHRYO-CYSTITIS.** Inflammation of the mucous lining of the lachrymal sac.

Sequela.
Fistula lachrymalis.

Sp. 5. OTITIS. Inflammation of the mucous linings of the ear.

α. Externa. Affecting the ceruminous follicles of the external meatus.

The follicles of the mucous tissues secrete, according to their particular situation, fluids differing in their qualities. In the ear, for example, cerumen; in the skin, sebum; in the tarsus, a glutinous mucosity; in the stomach, some have believed that they secrete the gastric juice; and in the bronchi, intestines, &c. pure mucus.

Sequelæ.

- a. Secretio expers. When, from this cause, the remaining cerumen gets indurated and impacted, a partial or total loss of hearing is a common result.
- b. Suppuratio.
- c. Polypus meatûs auditorii.
- β. Interna. Inflammation of the mucous lining of the tympanum.

Sequelæ.

- a. Ulceratio.
- b. Caries.

* From δάκρυ, a tear, and κύστις, a cyst or sack.

Sub-sequelæ.

a. Dysecœa.

b. Cophosis organica.

Sp. 6. MYCTERITIS* (*coryza*). Inflammation of the mucous membrane lining the nasal fossæ.

α. Idiopathica.

β. Comitata. Symptomatic of measles, &c.

Sequelæ.

1. Polypus narium.

2. Anosmia.

Sp. 7. ANTRITIS. Inflammation of the mucous lining of the antrum maxillare.

This disease is most frequently occasioned by the irritation of a carious tooth.

Sequela.

Abscessus antri.

Sp. 8. FAUCITIS. Inflammation of the mucous lining of the fauces.

English pathologists employ but one name (*cynanche tonsillaris*) to designate two inflammations of very different structures, which, though frequently conjoined, exist not unfrequently distinct—I mean the inflammation of the mucous membrane covering the tonsils and fauces, and that of the tonsil itself. The author has separated them in this Synopsis, denoting the one by the name of *faucitis*, the other by that of *tonsillitis*.

α. Acuta.

β. Subacuta.

γ. Comitata. Accompanying several of the exanthems.

Sequelæ.

1. Ulceratio cænosa (*sloughing ulceration*).

2. Gangræna.

* From *μυκτῆρις*, the nostrils.

*Sp. 9. GLOSSITIS.** Inflammation of the mucous membrane and follicles of the tongue.

α. Acuta (idiopathica).

β. Subacuta (symptomatica).

This state of the tongue accompanies all febrile diseases, as well as most chronic visceral complaints, and is familiarly known by the name of "foul tongue."

Sp. 10. PHARYNGITIS. Inflammation of the mucous lining of the pharynx.

Sp. 11. ŒSOPHAGITIS. Inflammation of the mucous lining of the Œsophagus.

Sequelæ.

a. Polypus Œsophagi.

b. Stricture Œsophagi.

The parts most liable to this sequela are the cricoid and cardiac portions.

Sp. 12. LARYNGITIS. Inflammation of the mucous lining of the larynx.

α. Catarrhalis (raucitas, a hoarseness).

Sequelæ.

a. Dysphonia susurrans.

b. Aphonia.

β. Pseudo-membranacea (laryngeal croup).

Characterised by the croupy cough: the two following varieties of croup are without this symptom.

Sp. 13. TRACHEITIS. Inflammation of the mucous lining of the trachea.

α. Catarrhalis.

β. Pseudo-membranacea (tracheal croup).

Sp. 14. BRONCHITIS. Inflammation of the lining membrane of the bronchi.

α. Propria.

a. Sicca.

b. Humida. } *acuta—chronica.*

* From γλῶσσα, the tongue.

Sequela.

Phthisis ulcerosa.

β. Pseudo-membranacea (*bronchial croup*).

γ. Arthritica. Not an uncommon precursor and concomitant of gout.

Sp. 15. CATARRHUS. General inflammation of the mucous membrane of the air-passages, extending into the cells of the lungs.

α. Vulgaris.

β. Epidemicus (*the influenza*).

γ. Senilis.

δ. Intestinalis (*diarrhœa mucosa*).

ε. Comitatus. Symptomatic of measles, &c.

Sp. 16. GASTRITIS. Inflammation of the mucous coat of the stomach.

α. Acuta.

a. a causa externa proveniens.

b. a causa intus proficiscens.

β. Sub-acuta (*dyspepsia*).

Sequela.

Carcinoma pylori.

γ. Comitata. Symptomatic, in an acute form, of typhus fever, &c.

Sp. 17. ENTERITIS. Inflammation of the mucous tunic of the intestines.

α. Duodeni (*duodenitis*).

β. Jejuni (*jejunitis*).

γ. Ilei* (*ileitis*).

δ. Coli (*colitis—dysenteria*).

a. Acuta.

b. Chronica.

c. Epidemica.

d. Complicata. Dysentery conjoined with typhus or intermittent fever, &c.

* This variety is remarkable for the almost total absence of the pain ordinarily attendant on the other forms of enteritis.

- ι. Recti (*rectitis*—*proctitis*—*hæmorrhoids**).
 - a. Acuta.
 - b. Chronica.
- ζ. Comitata. Symptomatic, like gastritis, of typhus fever, certain of the exanthems, &c. Sequelæ of *rectitis*, or inflammation of the mucous coat of the rectum :
 - Of the Acute*—Hæmorrhagia.
 - Of the Chronic*—a. Hæmorrhœa.
 - b. Marisca.
 - c. Fistula in ano.
 - d. Stricture recti.
- General sequelæ.
 - a. Infiltratio.
 - b. Ulceratio.
 - c. Sphacelus.

Sp. 18. CYSTITIS. Inflammation of the inner coat of the bladder.

- α. Acuta.
- β. Subacuta.
- γ. Chronica (*blennorrhœa vesicalis*).
- δ. Partialis. Confined to the cervix, and not unfrequently produced by the use of strong injections in urethritis virulenta (*gonorrhœa*), or by the irritation of a calculus.
- ε. Traumatica. Ensuing after the operation of lithotomy, &c.

* No name could well be more improper to designate inflammation of the inner tunic of the rectum than *hæmorrhoids*, since a flux of blood is not at all either an invariable or a necessary symptom. The discharge of blood, in the first instance, is usually the consequence of the strong efforts made to expel indurated fæces; indeed, the force I speak of is very commonly the primary cause of the inflammation itself. When a disposition to inflammation and hæmorrhage has thus been laid, by the repeated occurrence of the disease, the lower bowel will often inflame in consequence of a common cold; and the hæmorrhage, from the same cause, will in time become both habitual and constitutional.

Sp. 19. METRITIS. Inflammation of the inner tunic of the womb.

α. Acuta.

a. Puerperalis.

β. Subacuta.

Sequela.

Polypus uteri.

γ. Chronica (*blennorrhœa uterina — leucorrhœa*).

Sp. 20. VAGINITIS. Inflammation of the mucous lining of the vagina and vulva.

α. Benigna.

β. Virulenta (*gonorrhœa*).

γ. Chronica (*blennorrhœa vaginalis*).

Sp. 21. URETHRITIS. Inflammation of the mucous lining of the urethra.

α. Benigna.

β. Virulenta (*gonorrhœa**).

γ. Chronica (*blennorrhœa† urethralis, gleet*).
Sequela.

a. Strictura organica.

a. Dyspermatismus.

b. Dysuria.

c. Ischuria retentionis.

d. Fistula in perineo.

Gen. II. SEROSI. Inflammations of the serous tissues.

The serous membranes are of two kinds—one firm in texture, even, diaphanous, and elastic, as the pleura, peritoneum, &c.; the other loose and cellular in structure, as the sack forming the chambers of the eye and covering the iris, the parietes of the cells of the cellular membrane, the lamina

* The word "*gonorrhœa*," signifying, as it does, a *flux of semen*, is obviously an improper name to designate an inflammation of the urethra of a virulent nature attended with a *flux of mucus*.

† From βλίνη, *mucus*, and ρῑῡσις, a *flux*.

albida of the cutis, &c. On the open surfaces of all, a lymphoid serosity is being constantly poured out from the orifices of the exhalant arteries that terminate on their surface, which is as constantly being removed, in a state of health, by the absorbents. The first of these kinds, when inflamed, is attended with acute pain and fever; the pulse varies in the different forms of this disease, being full and hard in pleuritis, small and sharp in peritonitis; the skin is dry and parched, the symptoms rapid in their progress, and the disease at times characterised by insidious remissions. The morbid terminations of these inflammations, in their acute stage, are albuminous exudations and adhesions; purulent matter is often formed on their surface, or they may terminate in gangrene; and, in their chronic stage, they pour out serosity abounding in albumen, and hence readily coagulable by heat.*

Sp. 1. DURA-MENINGITIS (phrenitis†). Inflammation of the serous lamina of the dura mater.

Sequelæ.

a. Effusio serosa.

b. Suppuratio.

Sp. 2. ARACHNITIS. Inflammation of the arachnoid membrane of the brain.

α. Idiopathica.

β. Sympathetica. Sympathetic of irritation of the chylopoiëtic and assistant-chylopoiëtic viscera.

γ. Idiosyncratica. Strumous arachnitis.

δ. Comitata. Symptomatic of various fevers.

ε. Traumatica. Caused by external violence.

Sequela.

Hydrocephalus.

Sp. 3. IRITIS. Inflammation of the serous membrane covering both sides of the iris, and lining the anterior and posterior chambers of the eye.

* It is this circumstance which particularly distinguishes this effusion from that which is the consequence of dropsy.

† This is obviously a very improper name for any disease; since, according to the pathological meaning now attached to *itis*, it signifies *inflammation of the mind*.

- α. Acuta.
β. Subacuta.
γ. Symptomatica. Symptomatic of syphilis, scrofula, &c.

Sequelæ.

- a. Depositio interstitialis. Changing the colour of the iris, or closing up the pupil.

- b. Adhæsiō pupillæ.*

- a. ad lentem. } *Absoluta*--
b. ad corneam. } *Partialis*.
c. ad lentem et corneam.

Sub-sequela.

Atrophia oculi. From abolition
of the chambers.

- ### c. Hydrophthalmia.

- a. *Staphyloma*. From the internal pressure producing ulcerative absorption and protrusion of the cornea.

- d. Hypopyon (*apostema of the chambers*).

- e. Hæmophthalmus (*effusion of blood into the chambers*).

Sp. 4. HYALOIDITIS. Inflammation of the hyaloid membrane of the eye.

Sequela.

Glaucoma.

Sp. 5. CHOROIDITIS. Inflammation of the choroid tunic of the eye.

The inflammation going on in the last two species is either subacute, or so obscure as only to be known by its effects. When *universal ophthalmia*, as it has been called, takes place—that is, when every tissue is simultaneously affected with acute inflammation—complete destruction of the organisation ensues, and the ball of the eye not unusually bursts, or *staphyloma scleroticum* is the consequence.

Sp. 6. LABYRINTHITIS. Inflammation of the serous membranes lining the labyrinth of the ear.

Breschet has lately demonstrated that there are two liquids in the labyrinth, contained in distinct sacs—the *liquor Cotugni*, and another which he has named *vitrine*, upon the membrane containing which the auditory nerve expands. It is from this structure that this distinguished pathological anatomist draws a beautiful and ingenious parallel between the ear and the eye from analogy; the *membrana tympani* answering to the *cornea*; the cavity of the *tympanum* to the chambers of the eye; the *liquor Cotugni* to the crystalline humour; and the *vitrine* to the vitreous humour.

Sequelæ.

- a.* Hydrops labyrinthi.
- b.* Depositio interstitialis. Causing thickening of the membranes.
- c.* Suppuratio. Destroying the organisation.
 - a.* Caries.
 - b.* Cophosis organica.

Sp. 7. PLEURITIS. Inflammation of the pleura.

- a.* Costalis. Of the portion lining the thorax.
- β.* Pulmonalis. Of the part enclosing the lungs.
- γ.* Diaphragmatica. Of the part over the diaphragm.
- δ.* Pericardiaca. Of the outer tunic of the pericardium.

Sequelæ.

- a.* Hydrothorax.*
- b.* Adhæsiones pseudo-membranaceæ.
- c.* Effusio purulenta.

Sp. 8. PERICARDITIS. Inflammation of the internal serous membrane of the pericardium.

* As there is a marked difference in the nature of the serous effusion occurring in consequence of acute inflammation and that which is poured out in cases of chronic visceral diseases, anæmia from hæmorrhagy, &c., the author proposes to call, say, as examples, the one hydrothorax, the other hydrops thoracis—hydropericardium, and hydrops pericardii, &c.

- α.* *Propria.* Of the inner lining.
- β.* *Cardiaca.* Of the part covering the heart.

Sequelæ.

- a.* *Hydropericardium.*
- b.* *Adhæsiō ad cordem.*
 - a.* *Pseudo-membranacea.*
 - b.* *Absoluta.*

Sp. 9. PERITONITIS. Inflammation of the peritoneum.

- α.* *Propria.* Of the part lining the cavity of the abdomen.
- β.* *Gastrica.* Of that forming the outer tunic of the stomach.
- γ.* *Enterica.* Of that extended over the intestines.
- δ.* *Epiploica.* Of that spread over the omentum.
- ε.* *Mesenterica.* Of its duplicature forming the mesentery.
- ζ.* *Hepatica.* Of that covering the liver.
- η.* *Splenica.* Of that covering the spleen.
- θ.* *Cystica.* Of that forming the outer tunic of the bladder.
- ι.* *Metrica.* Of that spread over the womb.

Sp. 10. ARTERITIS. Inflammation of the inner tunic of an artery.

Sequelæ.

- a.* *Dilatatio.*
- b.* *Absorptio suppurativa.*
 - Sub-sequela.*
 - Aneurisma.*
- c.* *Effusio lymphatica.*
 - Sub-sequela.*
 - Obliteratio tubæ.*

Sp. 11. PHLEBITIS. Inflammation of the inner coat of a vein.

- α.* *Brachii.* Not unfrequently ensuing from bleeding with a foul lancet.

β. Puerperarum. Occurring after delivery.

a. Cruris* (*phlegmasia dolens*).

b. Interna. Affecting the abdominal and thoracic veins.

c. Ophthalmica. Attacking the veins of the eye, and quickly disorganising it.

Sequela.

Suppuratio interna sine ulceratione venarum.

Gen. III. ALBUMINOSI. Inflammations of the albuminous tissues.

The substance of the cornea and lens consists of pure albumen, secreted in the former by the vessels of its outer tunic, and in the latter by those of its capsule. It is on this account that the author conceives he is justified in adding a new tissue to those already acknowledged by modern anatomists; otherwise he would have found it impossible to have classed the diseases either of the cornea or lens, with any degree of propriety, among those of any of the other secreting membranes.

Sp. 1. CORNEITIS. Inflammation of the cornea.

α. Tuniculæ.† Confined to its outer tunic.

β. Propria. Affecting the cornea itself.

Sequelæ.

a. Nebula‡ } (*interstitial depositions*).

b. Leucoma }

c. Onyx (*abscess between the laminæ*).

d. Absorptio suppurativa.

Externa. Of its external surface.

a. Ulcus corneæ.

* When the corion is much involved in the inflammation, it is frequently left much thickened.

† Mr. Wallace of New York, in a letter to my friend Mr. Mackenzie of Glasgow, has shewn that the membrane covering the outer surface of the cornea is not an extension of the conjunctiva, but perfectly distinct from it.

‡ The author would here indicate the deposition which takes place into the *tunicula* of the cornea by the word *nebula*; and by the term *leucoma* he proposes to designate that which occurs between the *laminæ* of the cornea. The word *albugo*, again, might be made to denote a deposition or speck on the conjunctiva.

Interna. Of its substance.

a. Staphyloma.

a. Universale (*protrusion of the entire cornea*).

b. Partiale (*projecting only at the centre*).

b. Ruptura corneæ.

a. Staphyloma racemosum.

Sp. 2. LENTITIS. Inflammation of the lens.

α. Propria. Affecting the substance of the lens.
Sequela.

Cataracta lenticularis (*interstitial deposition*).

β. Capsularis. Affecting its capsule only.
Sequela.

Cataracta capsularis.

Gen. IV. FIBROSI. Inflammations of the fibrous tissues.

The fibrous tissues differ from the mucous and serous in being continuous. Taking the periosteum as the centre, we can trace them, without interruption, wherever else fibrous tissue is found. In departing from the bones, it is continued over the most external of the muscles in the form of fasciæ and aponeuroses; it is every where connected with the tendons, ligaments, and articular capsules; it is produced from the under-side of the ischium into the corpus cavernosum of the penis; it enters into the cranium at its base, through the different foramina, to form the introcranial periosteum or fibrous lamina of the dura mater, and sends down prolongations to constitute the falx and tentorium, or stretching along the optic nerve, it expands itself on the globe of the eye to form the sclerotica.

The vascularity of this tissue varies in different parts, vessels abounding in some, as the dura mater and periosteum, few in the aponeuroses, and not to be detected in the tendons: hence it is that diseases are more apt to occur in the two former than in the two latter structures. Another peculiarity of this tissue is, that in a healthy state it is perfectly insensible to any mechanical or chemical irritant; but if unduly and suddenly stretched by the action of muscles, or by torsion, the pain experienced is intense: this we see in almost all luxations, in sprains, or when violent extension is made on

the ligaments connecting the vertebræ. Extension made from within produces the same effect, as we see in the excruciating pain attendant on orchitis, caused by the inflammation distending on all sides the tunica albuginea and its septa.

The morbid alterations of this tissue are few, and are deducible from the effusion of coagulable lymph. This causes thickenings of the different fibrous structures, and not unfrequently cohesions one with another, or with other contiguous parts. Hence impediments to the free motions of joints (*imperfect ankylosis*), and to the free action of muscles connected with these adhesions, are the ordinary sequelæ of fibrous inflammations.

Sp. 1. SCLEROTITIS. Inflammation of the sclerotic coat of the eye.

α. Idiopathica.

β. Symptomatica.

*a. Rheumatica.**

b. Scrofulosa.

c. Syphilitica.

d. Urethritica.

Sequela.

Staphyloma scleroticum.

Sp. 2. RHEUMATISMUS. Inflammation of the fascial, aponeurotic, tendinous, ligamentary, and other fibrous structures.

Most writers consider rheumatism to be a muscular disease, deceived, as I conceive, by the pain produced by motion; but in this respect it is the different tendons, aponeuroses, fasciæ, and ligaments, that suffer by the action, and not the real muscular fibre. Whence else is it that the pain should be felt, in most instances, only about the articulations? Where, again, is the *muscular* fibre to be found when this disease affects the sclerotic coat of the eye?

Acutus. Accompanied with fever and tumefaction.

* It is of practical importance to distinguish this variety of sclerotic inflammation from simple idiopathic scleratitis, as the two diseases yield to very different treatment.

α. Articularis. Affecting principally the ligaments of the joints, and the fasciæ and tendons of the muscles connected with their movements.

β. Pericardiacus. Attacking the middle or fibrous coat of the pericardium and valves of the heart. This is usually a metastatic disease.

Sub-acuteus. Without fever or much sensible tumefaction.

α. Hemicranialis. Affecting the occipito-frontalis and temporal aponeuroses; confined, for the most part, to one side of the head.

β. Articularis. Like the acute, affecting chiefly the ligaments of the joints, and the tendons, fasciæ, and aponeuroses of their muscles; three of which have received specific names, viz. :

a. Lumbago.

b. Sciatica.

c. Arthrosis.

γ. Tunicæ albugineæ testis.

The author once met with a case of this singular form of rheumatism in a gentleman's gamekeeper. The pain was most excruciating, but ceased as soon as the disease shifted to the joints, leaving the testis without any accompanying or subsequent inflammation.

δ. Urethriticus.

In this form of rheumatism, as well as in urethritic scleritis, I have repeatedly found stricture to exist in the membranous part of the urethra, which, becoming inflamed by the extension of gonorrhœal inflammation, seemed to be the latent sympathetic cause of these two diseases. This is another beautiful illustration of the reciprocal sympathies of similar tissues: the membranous part of the urethra is a fibrous texture, as well as the sclerotic coat of the eye; and rheumatism, we know, is confined in its action to the fibrous structures. I have often had occasion, also, to remark, that a stricture so situated, when inflamed or very irritable, is sure to be rendered more so by severe vicissitudes of the weather;

and I may add, in conclusion, the fact, confirmatory of the opinion I have expressed of the origin of urethritic rheumatism, that curing the stricture is the only effectual means of curing the rheumatism; without attending to which the disease is extremely obstinate; and when removed, it is exceedingly apt to return.

General sequela.

Deposito interstitialis. Producing thickening and adhesions, and hence contractions, and partial inflexibility of the joints (*anchylosis imperfecta*).

Sp. 3. PODAGRA. Inflammation of a specific nature affecting the synovial structures, particularly of the smaller joints.

The writer entertains a persuasion that this disease is connected with some peculiarity of sanguification, either hereditary or acquired, in which there are grounds for suspicion, that urea, in some form or other, superabounds in the blood. Were this opinion ascertained, the disease would consequently require to be arranged among the *Hæmapoietici*.

α. Regularis. Affecting the smaller joints, most frequently of the great toe.

Sequelæ.

a. Deposito albuminosa. Impeding the free motion of the parts.

b. Secretio et depositio calcis uratis (tofi).
Producing deformity and loss of articular power.

β. Larvata.

This variety of gout, if it continues its form, not unfrequently terminates in inducing a fatal apoplexy (*hæmorrhæa cerebri*).

γ. Metastatica. Suddenly shifting to another organ.

a. Gastralgia arthritica (gout of the stomach).

b. Pneumonitis arthritica.

c. Hæmostasis arthritica cerebri.

Sequela.

Hæmorrhœa cerebri (*arthritic apoplexy*).

Sp. 4. GINGIVITIS. Inflammation of the fibrous structure forming the gums.

α. Propria. Affecting the general structure, for the most part, of one side of the jaw only.*

β. Dentalis. Confined to its duplicature, forming the proper membrane or periosteum of the teeth, and causing severe odontalgia.

Sp. 5. PERIOSTITIS. Inflammation of the periosteum.

α. Externa. Affecting the external periosteum.

a. ab ictu.

b. a pressura extranea (*e. g. aneurismæ*).

Sequelæ.

a. Periostosis.

b. Absorptio suppurativa.

Sub-sequelæ.

a. Ulceratio ossea (*caries*).

b. Sphacelatio ossea (*necrosis*).

β. Interna. Affecting the internal periosteum.

Sequela.

a. Absorptio suppurativa.

a. Caries interna.

γ. Symptomata.

a. Scorbutica. Affecting the internal periosteum alone.

Sequelæ.

a. Absorptio suppurativa.

a. Ulceratio ossea (*caries scorbutica*).

* This affection is ordinarily considered rheumatic, but without sufficient reason, its nature being, in my opinion, simply inflammatory. I may here take occasion to observe, that both the alveoli and teeth are adscititious parts of the body; and when the one drop out, the other are absorbed: hence as the teeth and their periosteum differ from the other osseous structures, their diseases are modified by this peculiarity.

- b. Syphilitica. Attacking both the external and internal periosteum.

Sequelæ.

- a. Periostosis syphilitica (*periosteal node*).
- b. Exostosis syphilitica (*osseous node*).
 - a. Simplex.
 - b. Laminata.
 - c. Acicularis.
 - d. Eburnata.
- c. Absorptio suppurativa.
 - a. Ulceratio ossea (*caries syphilitica*).

- c. Scrofulosa. Affecting the internal periosteum.

Sequelæ.

- a. Exostosis spongiosa.
- b. Absorptio suppurativa.
 - a. Ulceratio ossea (*caries scrofulosa*).
 - b. Spina ventosa.

- δ. Universalis. Affecting the periosteum generally.

- a. Acuta. Accompanied with universal pains; attacking adults only.

Sequela.

Malacosteon adultorum (*mollities ossium*).
Softening and perfect flexibility of almost all the bones in the body.

- b. Sub-acuta. Unaccompanied with pain; affecting children only.

Sequela.

Malacosteon infantum (*rickets*).

- Sp. 6. PERICHONDritis. Inflammation of the perichondrium.

- α. Simplex.
- β. Synovialis.
- α. Syphilitica.

- b. Scorbutica.
- c. Scrofulosa.
 - a. Coxendicis.
 - b. Genu.
 - c. Malleoli.
 - d. Tarsi.
 - e. Humeri.
 - f. Anconis.
 - g. Carpi.
 - h. Vertebræ.

General sequelæ.

Absorptio cartilaginis.

Ulceratio cartilaginis.

a. Anchylosis.

Mr. Mayo makes three species of this sequela: one in which the anchylosis is formed by the union of the opposite cartilages of a joint; another in which the cartilage of the healthy bone unites with the osseous surface of the one diseased; and a third, wherein the cartilages of both bones being removed by ulcerative absorption, the osseous surfaces incorporate to form the anchylosis.

When the perichondrium is not inter-articular, it is simply an extension of the periosteum over the cartilages; hence the reason, as I conceive, why these cartilages alone are liable to become ossified.

Sp. 9. BURSITIS. Inflammation of the bursæ, or of the bursal thecæ of tendons.

α. Propria.

β. Thecalis.

Sequela.

Ganglion.

Gen. V. PARENCHYMATOSI. Affecting the parenchymatous cellular membrane.

The cellular tissue is the seat of what has been denominated phlegmonous inflammation, the most characteristic tendency of which is, in its acute form, to terminate in suppuration, and hence it is apt to form deep-seated abscesses when the inflammation is seated in the interior of a viscus. From its general loose texture the attendant tumefaction is, for the most part, considerable; and, from its being freely supplied

with blood-vessels, there is always much redness. When the inflammation is subacute, interstitial depositions and hepatisation are its more usual structural derangements.

Sp. 1. ENCEPHALITIS. Inflammation of the pia-meningeal tissue spread over the surface of the brain, and extending into, and ramifying within, its substance.

α. Idiopathica.

β. Sympathetica. Originating, for the most part, in gastric, intestinal, or hepatic irritation.

γ. Metastatica. Produced by the metastasis of gout, &c.

Sequela.

Hæmorrhœa cerebri (*apoplexia secundaria*).

δ. Comitata. Symptomatic of typhus, and other fevers.

ε. Scrofulosa. Idiosyncratic of scrofula.

Sequela.

Tuber strumosum cerebri.

ζ. Traumatica. Occasioned by external violence.

Sequela.

Apoplexia traumatica.

General sequelæ.

a. Suppuratio peripherica.

b. Apostema cerebri.

c. Sphacelus (softening of the brain).

d. Hydrocephalus.

Sp. 2. PNEUMONITIS. Inflammation of the parenchyma of the lungs.

This comprehends both the pneumonia and peripneumonia of other nosologists, in which the inflammation sometimes occurs in separate and distinct lobes.

α. Idiopathica.

Sequelæ.

a. Apostema pulmonum.

b. Infiltratio purulenta.

Sub-sequelæ.

a. Empyema.

- b. Phthisis apostematosa.
- c. Œdema pulmonum.
- d. Sphacelatio.
- e. Hepatisatio.
- Sequela.
- Phthisis ulcerativa.
- f. Atrophia.
- g. Hypertrophia.
- β. Idiosyncratica.
- a. Scrofulosa.
- Sequela.
- a. Depositio tuberculosa.
- a. Phthisis tuberculosa.
- γ. Symptomatica. Symptomatic of typhus, several of the exanthemata, hydrophobia, &c.

Sp. 3. CARDITIS. Inflammation of the interstitial cellular membrane of the heart.

- α. Acuta.
- Sequela.
- Sphacelus (*softening of the heart*).
- β. Subacuta.
- Sequelæ.
- a. Depositio interstitialis (*induration*).
- b. Hypertrophia (*thickening of the parietes*).
- c. Dilatatio (*dilatation of the cavities, with attenuation of the parietes*).

It not unfrequently happens that there is hypertrophy of one ventricle, and dilatation of the other, when subacute inflammation of the heart is excited by some obstacle to the free discharge of the blood into the circulation; in which case the hypertrophy of the one ventricle is an active consequence—the dilatation of the other a passive one.

Sp. 4. THYMITIS. Inflammation of the substance of the thymus gland.

- α. Acuta.
- Sequela.
- Apostema.

β . Subacuta.

Sequela.

Hypertrophia.

Sub-sequelæ.

a. Dyspnœa.*b.* Pneumonitis.*c.* Arachnitis.*d.* Hydrocephalus.

Sp. 5. SPLENITIS. Inflammation of the parenchyma of the spleen.

 α . Acuta.

Sequela.

Apostema.

 β . Subacuta (*coacta*).

Sequela.

a. Induratio et intumescencia (*interstitial deposition—ague-cake*).

Sub-sequelæ.

a. Hæmorrhœa ventriculi.*b.* Hæmorrhœa intestinalis.*c.* Ascites.

Sp. 6. OVARITIS. Inflammation of the interstitial cellular membrane of the ovarium.

 α . Acuta. β . Subacuta.*

Sequelæ.

a. Hydrops ovarii.*b.* Induratio et intumescencia.

Sub-Gen. GLANDULARES. Inflammations affecting the cellular tissue of conglomerate glands.

A. Secretorii. Of those composed of follicular convolutions whose office is secretory.

The set of glands belonging to this sub-genus have all a peculiarity affecting their pathology different from that about

* The subacute varieties of both splenitis and ovaritis are by far the most frequent, and are usually sympathetic or symptomatic diseases.

to be noticed, which is, in having a follicular structure intervening between the secerning arteries and the excreting ducts; whereas, in the structure of those under the head of *Excretorii*, the excretory ducts communicate directly with the secretory vessels.

It is wholly attributable to this peculiarity of structure that we find the morbid conditions of the contiguous mucous tissues not readily affecting these glands, either through sympathetic irritation, or direct inflammatory action; but it is otherwise with those glands in which the communication is more immediate. In these, while the exciting cause acts only sympathetically and occasionally, the disorder first produced is, for the most part, simply functional; but when inflammation spreads by extension from a mucous membrane in the vicinity, as, from the duodenum up the ductus choledochus to the liver, for example, or if the sympathetic irritation, proceeding from a part even at some considerable distance, be continued too long, or repeated too frequently, the disorder then affects the organic tissue, and an inflammatory action is set up, either of an acute or subacute nature. It is the latter of these effects that we now come to specify, which will also include idiopathic inflammation of the organs, induced by stimulation, external violence, &c.

Sp. 1. CARUNCULITIS (encanthis). Inflammation of the caruncula lachrymalis.

Sp. 2. PAROTITIS. Inflammation of the parotid gland.

a. Acuta.

Sequelæ.

a. Apostema.

b. Sphacelus.

β. Subacuta.

Sequela.

Induratio et intumescencia.

Sp. 3. TONSILLITIS. Inflammation of the body of the tonsil.

a. Acuta.

Sequelæ.

a. Apostema.

b. Sphacelus.

β. Subacuta.

Sequela.

Induratio et intumescencia.

γ. Comitata. Accompanying some of the exanthemata.

Sp. 4. MAMMITIS. Inflammation of the mamma.

α. Acuta.

Sequela.

Apostema.

β. Subacuta.

Sequela.

Deposito interstitialis (*scirrhus*).

Sp. 5. PANCREATITIS. Inflammation of the pancreas.

The symptoms specifically distinguishing this affection are not yet ascertained; but dissection has demonstrated its existence.

Sp. 6. PROSTATITIS. Inflammation of the prostate gland.

α. Acuta.

Sequela.

Apostema.

β. Subacuta.

Sequelæ.

a. Induratio et intumescencia.

b. Stricture urethræ prostatæ.

γ. Comitata. Excited by an extension of the inflammation of urethritis virulenta (*gonorrhœa*).

This, as well as inflammation of the neck of the bladder, is often, I suspect, produced by the premature use of injections, by which the virus is thrown higher up.

Sp. 7. ORCHITIS. Inflammation of the parenchyma of the testicle.

Idiopathica.

α. Acuta. Most frequently originating from external violence.

Metastatica.

- α. Acuta.* Arising from sudden suppression of the discharge accompanying urethritis virulenta (*gonorrhœa*), through cold, or the use of astringent injections.

Sympathetica.

- α. Subacuta.* Often sympathetic of latent urethral irritation proceeding from strictures.

Sequelæ.

- a. Depositio interstitialis (sclerocele).*
b. Hydrocele.

This latter affection results only when the *tunica vaginalis* becomes included in the inflammation.

Vagino-testitis, or inflammation of the *tunica vaginalis* of the scrotum and testis, and its sequela, hydrocele, were omitted, by an oversight, among the inflammations of the serous membranes.

B. *Excretorii.* Inflammations of those conglomerate glands whose office is excretory.

The limits I allow myself in these annotations will not permit me in this place to enter on the physiology of the liver, or into the nature and uses of the bile, in the same ample manner as I do in my lectures. I may only observe, that though I regard the bile as an excrement, as far as the blood is concerned, which is separated from this fluid by the depurant function of the liver, and that various diseased states of the system ensue if this be either unduly diminished or absolutely suspended; yet, on getting into the intestines, I do not mean to contend that it is not made to operate on the chyme, and thus become the means by which the chyle is separated from the innutritious parts of the ingesta; after effecting which, both the bile and the feculent matter are evacuated as excrement.

Sp. 1. HEPATITIS. Inflammation of the parenchyma of the liver.

*α. Acuta.**Sequela.**Apostema hepatis.**β. Subacuta.*

γ. Chrenica.

Sequelæ.

a. Icterus.

b. Chololithus.

c. Depositio interstitialis (*scirrhus*).

a. Hepatisatio.

α. Ascites.

b. Hæmorrhœa intestinalis.

α. Recti.

This last of the sub-sequelæ is readily accounted for by the obstruction offered to the return of the blood from the hæmorrhoidal veins by the induration of the liver.

Sp. 2. NEPHRITIS. Inflammation of the parenchyma of the kidney.

α. Acuta.

Sequelæ.

a. Apostema renis.

b. Ischuria primaria.

a. Enuresis vicaria :

*ex cute.**in ventriculis cerebri.*

β. Subacuta. A concomitant on diabetes, or induced by the habitual abuse of spirituous diuretics, &c.

Sequelæ.

a. Hypertrophia renis.

b. Atrophia.

Gen. VI. LYMPHATICI. Specific inflammations of the membranous tunics of the lymphatic vessels and of their convolutions forming the conglobate glands.

As the inner coat of a lymphatic vessel is a serous membrane, the author is not sure that he has done properly in separating the following diseases from those of the serous tissues.

Acuti.

Sp. 1. PHLOGOSIS VASORUM LYMPHATICORUM. Inflammation of the lymphatic vessels, usually pro-

ceeding from the absorption of some acrid or poisonous matter.

Sp. 2. BUBO. Inflammation of a lymphatic gland in the groin.

α. Idiopathicus. From cold, a strain, &c.

β. Idiosyncraticus. From a scrofulous diathesis.

γ. Symptomaticus. Accompanying the plague.

δ. Specificus. Caused by the absorption of a specific virus.

The writer does not except the matter of gonorrhœa from producing this last variety, which he conceives liable to ensue from the rupture of some small blood-vessel in the urethra, or other casual abrasion, leaving a raw surface for absorption.

Sub-acuti.

Sp. 1. SCROFULA.

α. Vulgaris. Affecting the lymphatic glands of the neck.

β. Mesenterica. Affecting the lymphatic glands of the mesentery.

*Classis II. HÆMAPHARMATICI.**

DISEASES originating in a miasm or poison tainting the healthy blood.

The humoral pathology, as it was called, from once being the paramount and exclusive doctrine of the schools, has, by an opposite extreme, sunk into a neglect equally unmerited, as its former universal application to the explanation of every morbid phenomenon was irrational.

In reviving the doctrine of the humoral origin of a certain class of diseases, the author trusts that he has not overstepped the just limit of its operation and influence; and that a careful investigation of the nature of the exciting cause, of the manner in which it enters the system, of the phenomena exhibited in its course of action, and of the pathological changes it effects on the blood in many cases, will tend to shew that the diseases ranged under the class *Hæmapharmatici* all originate in a taint imparted to this fluid.

Ordo I. FEBRILES.

Miasmatic fevers.

Genus I. FEBRES INTERMITTENTES. Fevers which intermit, originating in miasms produced by the decomposition of vegetable matter.

Sp. 1. QUOTIDIANA. Occurring once in twenty-four hours.

α. Simplex.

β. Anticipans.

γ. Cunctans.

Sp. 2. TERTIANA. Recurring every other day.

α. Simplex.

β. Duplex.

* From αἷμα, blood, and φάρμακον, an impoisoning.

- γ. Triplex.
- δ. Duplicata.

Sp. 3. QUARTANA. Recurring with an interval of seventy-two hours.

- α. Simplex.
- β. Duplex.
- γ. Triplex.
- δ. Duplicata.
- ε. Triplicata.

Sp. 4. ERRATICA. Recurring at uncertain and irregular periods.

Sp. 5. LARVATA. Appearing in a disguised form, as periodical hemicrania, &c.

General sequelæ.

- a. Splenitis chronica.
 - a. Ascites.
 - b. Hæmorrhœa ventriculi.
- b. Hepatitis chronica.
 - a. Icterus.
 - b. Ascites.

The sanguineous congestions that occur so repeatedly in both the spleen and liver during the cold stage of agues of long standing, are the occasion of the above sequelæ.

Gen. II. FEBRES REMITTENTES. Fevers which remit, but do not intermit; arising from causes of a similar nature to the last.

Sp. 1. REMITTENS PROPRIA (*idiopathic remittent fever*).

- α. Mitis.
- β. Maligna.
 - a. Autumnalis.
 - b. Intertropica (*yellow fever*).
 - c. Ardens.
 - d. Asthenica.

Gen. III. FEBRES CONTINENTES. Fevers which neither remit nor intermit; but, originating from miasms generated by, and thrown off from the body, run their course with exacerbations.

Sp. 1. TYPHUS (typhus fever).

α. Mitis.

*β. Synochodes.**

γ. Putridus.

Sp. 2. PESTIS (the plague).

α. Benigna.

β. Maligna.

Ordo II. EXANTHEMATICI.

Cutaneous eruptions arising from a specific virus entering the circulation; usually preceded by febrile symptoms more or less intense, and affecting the system ordinarily but once during life.

Gen. I. MUCULENS.

In the following disease we find the mucous tissues almost exclusively affected. We see it attacking the conjunctiva, the nostrils, the fauces, and air-passages and cells, the mucous lining of the primæ viæ; and externally it appears to have its seat in the thin mucous tissue which connects the vessels of the rete vasculosum and covers the papillæ.

Sp. 1. RUBEOLA (measles).

α. Vulgaris.

β. Nigra.

γ. Spuria.

Gen. II. VASCULARIS.

The disease characterised by this genus is marked by intense heat and efflorescence, and seems to have its cutaneous seat of action principally in the vessels of the rete vasculosum.

* This is the Synochus of writers on fevers; and it will be seen, by the place it occupies above, that the author accords in opinion with Dr. Cullen and Dr. Armstrong in regarding it merely as an inflammatory form of typhus.

*Sp. 1. SCARLATINA.**α. Benigna.**β. Anginosa.**α. sine efflorescentia cutanea.**γ. Maligna.**Gen. III. PUSTULO-VESICULARES.*

In the following species of the exanthems the superficial morbid action extends, more or less, throughout all the laminæ exterior of the corion.

*Sp. 1. VARIOLA (small-pox).**Sub-sp. α. Nativa.**β. Inserta.**a. Discreta.**b. Confluens.**c. Spuria.**Sp. 2. VACCINIA (cow-pox).**Sub-sp. α. Nativa.**β. Inserta.**a. Vera.**b. Spuria.**Sp. 3. VARICELLA (chicken-pox).**α. Lentiformis.**β. Coniformis.**γ. Globularis.**Sp. 4. FRAMBÆSIA (yaws).*

The descriptions given of this contagious disease are so vague, and even contradictory in several respects, that it is at present impossible to determine what particular tissue of the skin it chiefly affects; but as the eruption is usually preceded by a regular febrile attack, and as the system seems only once susceptible of its specific action, the author conceives himself justified in classing yaws among the exanthemata.

*Ordo III. IOTICI.**

Diseases caused by the absorption of animal poisons,
not febrile or exanthematous.

Gen. I. VIROSI. Diseases in which the virus acts
chiefly on the solids.

Sp. 1. SYPHILIS (the venereal disease).

Primary sequelæ of absorption :

1. Ulcus (*chancre*).
2. Bubo.

Secondary sequelæ of absorption :

1. Ulceratio faucium.
2. Nodi.
3. Caries ossium.
4. Eruptiones cutaneæ.
5. Fragilitas ossium.

Sp. 2. SYPHILODES (pseudo-syphilis).

Gen. II. VENENOSI. In which the venom affects the
nervous system principally.

Sp. 1. Venom inoculated by the bite of a rabid
animal (*hydrophobia*).†

Sp. 2. By the bite of a venomous serpent.

Sp. 3. By the wound of a poisoned weapon, as an
arrow.

Sp. 4. By a wound received in dissection.

* From *ιερóκος*, *poisonous, venomous*.

† This is the only disease of the genus that has received a
specific name.

Classis III. NEUROTICI.

DISEASES of the nervous system.

Although, in an extended sense, all diseases might, with perfect propriety, be denominated “affections of the nervous system,” seeing that all morbid phenomena are instituted under the influence of the morbid impressions made upon it, and that all the various and multitudinous pathological differences exhibited by disease are solely attributable to the tissue and function of the part or organ affected, or to the nature, diversity, and intensity of the exciting cause; yet in the restricted and accepted meaning of the word *nervous*, as understood by medical writers of the present day, it is employed to denote a class of diseases of an idiopathic character, in which there is primarily no accompanying alteration of organic structure, although there may be great derangement of organic function.

Ordo I. PHRENICI.*

Principally affecting the intellect.

Gen. I. Hyperæsthetici.† Depending on an excess of excitability of the brain.

Sp. 1. MANIA.

α. Ferox.

β. Despondens.

γ. Exultans.

δ. Demens.

ε. Complacens.

ζ. Tremens (*delirium tremens*).

Sp. 2. MELANCHOLIA.

α. Attonita.

β. Malevolens.

* From φῆν, the mind.

† From ὑπέρ, denoting an intensive state; and αἴσθησις, sensation.

- γ. Errabunda.
- δ. Religiosa.
- ε. Amatoria.

Sp. 3. HYPOCHONDRIASIS.

- α. Autalgica.
- β. Pertæsa.
- γ. Misanthropica.
- δ. Nostalgica.

Cullen classes this last variety of hypochondriasis among the diseases of the appetites ; but I agree with Sauvages and Sagar in believing it to be an affection of the mind.

Sp. 4. SOMNAMBULISMUS.

Incubus has usually been classed by nosologists with somnambulism, but improperly, in my opinion ; for it is a morbid affection distinctly spasmodic in its nature.

*Gen. II. DYSÆSTHETICI.** Diseases depending on a diminution of excitability of the brain.

Sp. 1. AMENTIA.

- α. Congenita.
- β. Acquisita.
- γ. Senilis.
- δ. Alpina (*cretinism*†).

Ordo II. ÆSTHENICI.†

Diseases affecting the nerves of sensation.

Gen. I. HYPERÆSTHESIS. Excessive sensibility of an organ of sense.

* From *δύς*, denoting a morbid state ; and *αἴσθησις*, sensation.

† Dr. Mason Good derives this word, with singular inaccuracy, from *creta*, from an imputed origin of this disease—the habitual use of water impregnated with chalk. Had the doctor been any thing of a geologist, he would have known that chalk could form no part of the primitive mountains among which this disease most prevails. Cretin is a slight corruption of *Chrétien*. In like manner they are frequently called *Bons âmes de Dieu*. But Dr. Good is often exceedingly loose in his etymologies.

‡ From *αἴσθησις*.

Sp. 1. NYCTALOPIA (*night-sight*).

α. Idiopathica.

β. Symptomática. Symptomatic of fever, phrenitis, cephalalgia, ophthalmia, &c.

Sp. 2. PSEUDOBLEPSIS (*false sight*). In which things appear visible that do not exist, or in an altered shape.

α. Illusoria.

β. Metamorphotica.

γ. Symptomática.

Sp. 3. PARACUSIS (*hearing morbidly sensitive*).

α. Idiopathica.

β. Illusoria (*tinnitus aurium*).

γ. Symptomática.

Sp. 4. PAROSMIS (*smell morbidly sensitive*).

α. Acris.

β. Perversa.

Sp. 5. PARAGEUSIS (*the taste morbidly sensitive*).

α. Acris.

β. Perversa.

γ. Symptomática. A symptom of fever, and many other diseases.

Sp. 6. PARAPSIIS (*sense of touch morbidly sensitive*).

α. Idiopathica.

β. Illusoria. Such as often occurs after amputation.

γ. Symptomática.

a. Teneritudo.

b. Pruritus.

c. Formicatio.

d. Algor.

e. Ardor.

Gen. II. DYSÆSTHESIS. Defective sensibility of an organ of sense.

Sp. 1. HEMERALOPIA (night-blindness). The person being able to see only in broad day-light.

Sp. 2. HEMIOPIA. In which only the one-half of an object is perceptible.

Sp. 3. DYSOPIA (imperfect sight). From a fault in the eye's focus.

α. Propinqua (short-sight). In which every thing appears indistinct at a little distance from the eye.

β. Longinqua (long-sight). In which things are only seen distinctly at some distance from the eye.

Sp. 4. AMAUROSIS (total abolition of vision).

α. Dilatata. In which the pupil rests permanently dilated.

β. Contracta. In which the pupil remains immovably contracted.

γ. Mobilis. Wherein, though vision is gone, the pupil is movable.

δ. Sympathetica. Produced by the sympathetic irritation of saburræ in the primæ viæ.

ε. Symptomatica. Symptomatic of hydrocephalus, &c.

Sp. 5. COPHOSIS (deafness).

α. Expers.

β. Obtusa.

γ. Perversa.

δ. Discordans.

Sp. 6. ANOSMIA (defect of smell).

α. Expers.

β. Obtusa.

γ. Catarrhalis (symptomatic).

Sp. 7. AGHEUSTIA (defect of the taste).

α. Expers.

β. Obtusa.

γ. Symptomática. Symptomatic of palsy.

Sp. 8. ANÆSTHESIA (*sense of touch defective*).

α. Expers.

β. Obtusa.

γ. Symptomática. Symptomatic of palsy.

Where the defect of any of the senses arises from destruction of the organic mechanism, the disease comes under the head of "Sequelæ," and is therefore not noticed in this place.

Gen. III. ODYNEROTI.* Painful affections, purely nervous, and not accompanied with inflammation.

Sp. 1. NEURALGIA.

α. Idiopathica (*tic douloureux*).

a. Faciei.

b. Calcis.

β. Sympathetica.

a. N. Cephalica (*headach*).

a. Eccephalica. In which the nerves spread over the periosteum of the head are the parts affected.

b. Encephalica. In which the fibrous, or periostic lamina of the dura mater appears to be the seat of the neuralgic pain.

b. N. Odontica (*toothach*). Sympathetic of pregnancy, &c.

c. N. Pleuritica (*stitch in the side*). This affection appears to have its seat in the tendinous attachments of the diaphragm to the ribs.

a. Flatulenta.

b. Verminosa.

d. N. Gastrica (*gastrodynia, cramp of the stomach*). The pain in this variety seems to be seated at the pylorus.

* From ὀδυνηρός, painful.

- a. Flatulenta.
- b. ab acribus.
- c. Symptomata. Symptomatic of gastritis, aepsia.
- d. Metastatica. Proceeding from the metastasis of gout.
- e. N. Nephritica. Caused by the lodgment of calculi in the pelvis of the kidney.
- f. N. Agogotica.* Produced by the passage of calculi down a duct.
 - a. Choledocha.
 - b. Ureteris.

Ord. III. CINETICI.†

Diseases principally affecting the nerves of motion.

Sub-Ord. A. SPASMODICI. Irregular and involuntary muscular contractions.

Trib. 1. TONICI. Spasms in which, as long as the disease lasts, the muscular rigidity does not relax.

Gen. I. VOLUNTARII. Of the voluntary muscles.

Partiales. Affecting particular muscles.

Sp. 1. CRAMPUS (cramp). A tonic spasm of short duration, for the most part confined to the flexor muscles of the leg and foot, or of the trunk.

α. Accidentales. Produced by slight torsion of the muscle either in action or position.

β. Symptomaticus. Symptomatic of cholera.

Sp. 2. TRISMUS (locked jaw).

α. Nascentium. Caused by intestinal saburræ.

β. Traumaticus. Produced by a wound.

Sp. 3. ACROTISMUS. A spastic affection of the muscular fibres of the heart and diaphragm, in

* From ἀγωγή, a duct.

† From κίνησις, motion.

which the heart ceases to pulsate, and breathing to be involuntary, whilst consciousness and the power of voluntary motion continue.

This word is adopted from Dr. Good. It appears that the celebrated John Hunter was liable to this singular affection; and the attendant phenomena establish the fact, that the arteries alone can perform the circulation. The affection seems to be situated in the par vagum and phrenic nerves.

Universales. Affecting the muscles generally.

Sp. 1. TETANUS.

α. Opisthotonos.

β. Emprosthotonos.

The author is inclined to believe this last variety of tetanus to be a physiological impossibility, on account of the superior power of the extensor over the flexor muscles of the trunk. When any thing like it occurs, it is probably nothing but cramp affecting the abdominal muscles.

Gen. II. INVOLUNTARIUM. Tonic spasms of muscular structures, not subjected to the will.

Sp. 1. ASTHMA. Spasm of the muscular fasciculi connecting the extremities of the tracheal cartilages together posteriorly, and which in the lungs entirely surround the bronchi where the cartilages disappear.

α. Siccum.

a. Simplex.

b. Vaporosa.

c. Retropulsa.

β. Humidum.

a. Simplex.

b. Plethoricum.

c. Senile.

Sp. 2. DYSPNŒA. In which the diaphragm is affected sympathetically or symptomatically.

α. Calculosa.

β. Pinguidinosa.

γ. Vaporosa.

δ. Symptomata. Symptomatic of hydrothorax, pneumonitis, phthisis, scurvy, &c.

Sp. 3. INCUBUS (*night-mare*). A spasmodic affection of the diaphragm, produced for the most part sympathetically.

Sp. 4. CHOLICA. A tonic spasm of the muscular fibres of some portion of the intestines.

α. Flatulenta.

β. Stipata.

γ. Crapulosa.

δ. Anti-peristaltica (*iliac passion*).

ε. Rachialgica (*cholica pictorum*).

Sequela.

Paralysis partialis.

Sp. 5. CHOLERA.

α. Vulgaris (*common cholera*).

β. Atrox (*Asiatic or spasmodic cholera*).

In this last variety the morbid action appears to me to implicate the muscular fibre, voluntary and involuntary, of the whole body. The heart is the muscle usually first affected: this is indicated by the indescribable sensation of sinking felt about the præcordia, as if the person attacked was about to die; whence also proceeds the extreme weakness of the pulse, and the coldness and shrinking of the surface, from the feebleness of the circulation. From the spasmodic affection of the nervous system proceed the cramps in the abdominal muscles and extremities. To this state is likewise attributable the vomiting and purging, both being occasioned by the spasm attacking the muscular coat of the stomach and bowels, producing, at the same time, a profuse secretion of that peculiar watery mucosity so characteristic of the disease. Now, as all muscular power, with one or two trifling exceptions, is ultimately derived from the spinal marrow, this must be the part of the nervous system, if right in my opinion, which is the principal, if not the sole, seat of the disorder in cholera atrox, and on which the morbid cause, whatever that may be, primarily acts. The integrity of the intellect even to the last, shews clearly that the brain is neither impressed upon by the primary cause, nor involved in its morbid consequences.

Trib. II. CLONICI. In which the spasmodic action of the muscles is not fixed, but convulsive.

Gen. I. SIMPLEX. Without any accompanying affection of the sensorium.

Sp. 1. PERTUSSIS (chincough). A forcible and concussive action of the respiratory muscles, recurring at intervals.

Gen. II. COMPLICATI. Affecting not only the nerves of voluntary and involuntary motion, but also the brain.

Sp. 1. CONVULSIO.

- α.* a dentitione.
- β.* ab inanitione.
- γ.* a saburris intestinorum.
- δ.* Verminosa.
- ε.* Traumatica.

Sp. 2. EPILEPSIA.

- α.* Cerebralis.
- β.* Abdominalis.
- γ.* Rigida.
- δ.* Sympathetica.
- ε.* Symptomatica.

Sp. 3. HYSTERIA.

- α.* Vulgaris.
- β.* Partialis.
 - a.* Clavis.
 - b.* Palpitatio hysterica.
 - c.* Sternutatio hysterica.
 - d.* Sub-syncope sine convulsionibus.
 - e.* Dysuria hysterica.

A multitude of vegetable poisons, when purposely or inadvertently swallowed, induce a varied suite of morbid phenomena, affecting the brain as well as the nerves of sense and motion, the most usual sequelæ of which are different paralytic affections. Two only have received specific names—*Raphania* and *Berberia*: the first was given by Linnæus, from

the plant *Raphanistrum*; the second, again, is a disease peculiar to the island of Ceylon.—(Vide *Good's Nosology*, gen. *Synclonus*.)

Sub-Ord. B. ADYNAMICI. Diseases of idiopathic atony of the nerves of motion.

*Gen. I. ÆSTHETERII.** Originating primarily from the sensorium.

Sp. 1. PARALYSIS PRIMARIA. In which *post-mortem* examination shews no cognisable disorganisation.

α. Hemiplegica.

From the time John Hunter stated, in his work on the Blood, that in all the cases of hemiplegia he had examined, he had “found an injury done to the brain in consequence of the extravasation of blood,” the idea that hemiplegic palsy was *invariably* accompanied with sanguineous effusion has prevailed; but the recent and remarkable case of the illustrious Cuvier has established the fact beyond question, that palsy is occasionally a primary disease.

Sp. 2. APHONIA (loss of voice).

α. Pathematica. From mental emotion.

β. Symptomata.

γ. Sequelosa.

Sp. 3. SYNCOPE (fainting).

α. Pathematica.

β. ab inanitione.

γ. a dolore.

δ. Symptomata. Symptomatic of hysteria, diseases of the heart, &c.

Gen. II. ANTAGONISTICI. Atony of the motor nerves, evinced by unequal, irregular, or tremulous action of antagonist muscles in their efforts to obey the will.

Partiales.

Sp. 1. STRABISMUS (squinting). The two optic axes not coinciding, from debility of one or more of the muscles of the eye.

* From *αἰσθητήριον*, the sensorium.

α. Atonicus.

β. Sympatheticus. Contracted through sympathetic imitation.

γ. Symptomaticus. Accompanying hydrocephalus, or tumours pressing on the optic nerves.

Sp. 2. PSELLISMUS (*stammering*).

α. Hæsitans.

β. Titubans.

γ. Paralyticus. Symptomatic of palsy.

All the other varieties usually enumerated of this disease I consider as the result of bad habits, and not morbid effects.

Universales.

Sp. 1. CHOREA (*St. Vitus's dance*).

Sp. 2. TREMOR (*trembling*).

α. Debilium.

β. a frigore.

γ. Pathematicus.

δ. Senilis.

ι. Paralyticus. Symptomatic of palsy.

Ord. IV. ERGATICI.*

Diseases of the organic functions, unattended with any alteration of structure.

Trib. I. HÆMAPOIETICI.† Diseases resulting from the function of sanguification.

Gen. I. HYPERHÆMATOSIS.‡ Excessive elaboration of blood.

Sp. 1. PLETHORA. General vascular turgescence, from superabundance of blood.

* From ἰργατικός, operative.

† From αἷμα, blood, and ποιητικός, signifying the power of making.

‡ From ὑπὲρ, and αἱμάτωσις, sanguification.

- α.* Tonica. Attended with a hypertonic state of the arterial system.

Sequela.

Inflammatory and hæmorrhagic diseases.

- β.* Atonica. Vital powers languid, pulse frequent and full, but feeble.

Gen. II. HYPOHÆMATOSIS. Defective elaboration of blood.

Sp. 1. ANÆMIA (*emaciation*).

α. Inanitorum.

β. Famelicorum.

γ. Debilium.

δ. Dorsalis (*tabes dorsalis*).

Sequela.

Rachialgia—Spermorrhœa.

- ι.* Symptomata. The usual consequence of most chronic visceral diseases.

General sequela.

α. Hydrops.

a. Œdema.

b. Anasarca.

c. Ascites.

No dropsical affection is a purely primary disease: it is either a symptom or a sequela.

Gen. III. CACOHÆMATOSIS. Cachectic elaboration of blood.

Sp. 1. SCORBUTUS (*scurvy*).

α. Nautarum. Occurring at sea.

β. Asthenicus. Occurring in towns long besieged, &c. from a spare and unwholesome diet.

Sp. 2. PURPURA (*spontaneous ecchymosis*).

α. Simplex.

β. Hæmorrhagica.

γ. Urticodes.

δ. Symptomata (*petechiæ*). From a putrid condition of the system, induced by disease.

*Trib. II. HÆMACYCLICI.** Diseases of the circulation.

Gen. I. HÆMOSTASIS.† Sanguineous congestions from arterial determinations, or venous debility.

ARTERIALIS. Attended with a phlogotic diathesis and hypertonic action of the arteries.

Sub-Gen. A. HÆMOSTASIS EPIRRHOICA.‡ Afflux of blood to a part without sanguineous exhalation.

None of the diseases of this sub-genus have received specific names: a determination of blood to the head is one of the most common.

Sub-Gen. B. HÆMOSTASIS HÆMORRHAGICA. Determination of blood to a particular organ, with sanguineous exhalation from the arterial capillaries.

As the word *hæmorrhagia* signifies, according to its derivation, a *bursting out* of blood, thus implying impetus or force, the author has limited its employment to denote the *active* sanguineous fluxes alone; while, as *hæmorrhœa* signifies a *flowing* of blood simply, and conveys no idea of force or impetus, so this word is used to designate the *passive* sanguineous fluxes. While endeavouring thus to denote the real pathological difference in the natures of these two morbid phenomena by their nomenclature simply, he has, at the same time, annexed a specific term indicative of the *organ* whence the blood issues.

In the *hæmorrhagiæ* the efflux of blood is occasioned by the diathetic tonic action of the capillary arteries, producing sanguineous exhalation; whereas, in the *hæmorrhœæ*, the sanguineous flux ensues from the engorgement of the capillary veins, produced by their inability to forward their contents.

Sp. 1. MYCTERRHAGIA (epistaxis). Hæmorrhagy from the mucous membrane of the nostrils.

α. Idiopathica.

β. Symptomatica.

* From *αἷμα*, the blood, and *κύκλος*, a circuit.

† From *αἷμα* and *στάσις*, a stagnation.

‡ From *ἐπίρροια*, an afflux, or flowing into.

γ. Critica.

δ. Vicaria.

Critical hæmorrhages not unfrequently occur in fevers; and when they do, the disease ceases in consequence; and here we see the necessity of distinguishing the fluxes of blood by different appellations; for when a hæmorrhagy occurs in the course of an idiopathic fever, it usually proves critical; whereas, when a hæmorrhœa takes place, it is almost always a sign of putridity, and indicative of a fatal termination.

Vicarious hæmorrhages, again, proceed from a salutary effort of nature to substitute either a natural sanguineous function, or one the system has made so by habit. It is thus the catamenia, when suppressed, are often substituted; or other sanguineous fluxes to which the system has become habituated. I may take occasion in this place to make the remark, that vicarious hæmorrhages do not alone proceed from the mucous membranes we shall have to enumerate; they are also known to issue from the skin, from the surface of ulcers, from the mammæ, from the gums, &c.; whereas the other hæmorrhages and hæmorrhœas most commonly issue from the mucous membranes exclusively.

Hæmorrhages are sometimes hereditary, and thus must be regarded as constitutional. Habit will induce the same stasis; and in these instances the sanguineous flux ought not to be meddled with, as long as it induces no constitutional disorder.

Sp. 2. BRONCHORRHAGIA. Hæmorrhagy from the mucous lining of the bronchi.

Sp. 3. PNEUMORRHAGIA (hæmoptysis). Hæmorrhagy from the mucous surface of the air-cells of the lungs.

α. Idiopathica.

β. Symptomatica. Symptomatic of pneumonitis, strumous tubercles, &c.

Sequela.

Phthisis pulmonalis.

γ. Critica.

δ. Vicaria.

Sp. 4. GASTRORRHAGIA (hæmatemesis). Hæmorrhagy from the mucous tunic of the stomach.

α. Idiopathica.

β. Symptomatica. Symptomatic of organic

disease of some of the abdominal viscera,
of acrid poisons taken into the stomach, of
gestation, &c.

γ. Critica.

δ. Vicaria.

Gastrorrhagia and metrorrhagia are names already adopted
by the French pathologists.

Sp. 5. NEPHRORRHAGIA (*hæmaturia*). Hæmorrhagy
from the mucous lining of the pelvis of the kidney.

α. Idiopathica.

β. Symptomatica. Symptomatic of nephritis,
renal calculi, worms, &c.

γ. Critica.

δ. Vicaria.

Sp. 6. ENTERORRHAGIA. Hæmorrhagy from the
mucous coat of the intestines.

α. Idiopathica.

β. Symptomatica. Symptomatic of dysentery,
visceral obstructions, inflammation of the
rectum (*hæmorrhoids*), &c.

γ. Critica.

δ. Vicaria.

Sp. 7. METRORRHAGIA (*menorrhagia**). Hæmor-
rhagy from the mucous lining of the womb.

α. Idiopathica.

β. Symptomatica. Symptomatic of organic
disease of the uterus, &c.

γ. Prægnantium. From partial detachment of
the placenta.

Sequela.

Abortus.

δ. Puerperarum. Succeeding delivery.

ε. Critica.

ζ. Vicaria.

* No name could well be more improper to denote this species
of the hæmorrhages than *menorrhagia*, which, we know, expresses
a flux of the *menses*, and not one of blood.

Sp. 8. CYSTORRHAGIA. Hæmorrhagy from the mucous coat of the bladder.

α. Idiopathica.

β. Symptomata. Symptomatic of vesical calculus, &c.

γ. Critica.]

δ. Vicaria.

Sp. 9. URETHRORRHAGIA. Hæmorrhagy from the mucous lining of the urethra.

This species is almost always symptomatic of some disease of the urethra, as stricture, urethritis virulenta (*gonorrhœa*), &c.

Hæmorrhages from organs occasioned by violence belong to the *plagæ*.

VENOSI. Sanguineous congestions in the veins.

Sub-Gen. A. HÆMOSTASIS PARTIALIS. Occurring chiefly in the brain.

Sp. 1. LETHARGUS (lethargy). From a torpid state of the venous circulation within the head.

α. Absolutus.

β. Imperfectus.

Sp. 2. APOPLEXIA PRIMARIA. Proceeding from a sudden stagnation of the blood in the head.

In this form of apoplexy there is no sanguineous effusion, and the patient recovers his senses as soon as, from position or quietude, the blood is liberated from the head.

Sp. 3. CATALEPSIA.

Sp. 4. ECSTASIS.

α. Propria.

β. Catochus.

In the last two species the muscles are affected with tonic spasm.

Sub-Gen. B. HÆMOSTASIS TOPICA. Confined to the external veins.

Sp. 1. VARIX.

α. Simplex.

β. Circocele.

γ. Marisca. A chronic varicose state of the hæmorrhoidal veins.

Sub-Gen. C. HÆMOSTASIS UNIVERSALIS. General venous congestion, from the suspension of the respiration and circulation.

Sp. 1. ASPHYXIA (suspended animation).

α. Mephitica.

β. Suffocationis.

γ. Algida.

δ. Electrica.

Sub-Gen. D. HÆMOSTASIS CRUENTA. Congestion from atony of some of the deep-seated veins, accompanied with sanguineous effusion, and, for the most part, with a leucophlegmatic diathesis.

Sp. 1. HÆMORRHŒA CEREBRI.

α. Crebra (*apoplexia secundaria*).
Sequela.

Paralysis sequelosa.

β. LENTA (*paralysis secundaria*).

a. Partialis.

b. Hemiplegica.

With respect to the occurrence of hæmorrhœa within the substance of the brain, standing, as it does, as an isolated instance of the rupture from simple hæmostasis of deep-seated veins supported by parenchyma, it is to be observed, in the first place, that the venous circulation within the head by sinuses is of itself an anomaly in the system, and therefore modifies the state of the function; and, in the second, the coats of both the arteries and veins of the brain are thinner than in any other part of the body, and hence arises the greater aptitude of the latter to rupture in cases of congestion. If the blood be poured out quickly or abundantly, apoplexy is the consequence; if slowly, and in small quantity, then palsy is the result. It is thus that we sometimes see the disease begin with symptoms of palsy, and, as the effusion increases in quantity, terminate in apoplexy; and *vice versâ*, when the original quantity has not been great, apoplexy will terminate in palsy, when the serosity has become absorbed.

Sp. 2. HÆMORRHŒA NARIUM.

Sp. 3. HÆMORRHŒA GINGIVARUM.

Sp. 4. HÆMORRHŒA PULMONUM.

Sp. 5. HÆMORRHŒA VENTRICULI.

Sp. 6. HÆMORRHŒA RENIS.

Sp. 7. HÆMORRHŒA INTESTINALIS.

α. Recti (*bleeding piles*).

Sp. 8. HÆMORRHŒA UTERI.

Sequela.

Hydrops.

a. Cutis.

b. Thoracis.

c. Abdominis.

d. Universalis.

The above sanguineous fluxes are also symptomatic of the putrid and cachectic diseases.

Trib. III. ECCRITICI.* Diseases of the secretions.

Gen. I. HYPERPOIETICI. In which they are secreted inordinately abundant.

Sp. 1. POLYSARCIA (*obesity*). Excessive secretion of fat.

Sp. 2. EPIDROSIS. Excessive and morbid condition of the perspiration.

α. Simplex. In which the perspiration is not altered in quality.

β. Tincta. In which it is changed in its properties.

a. Sanguinea.

b. Viridis.

c. Nigra.

d. Cærulea.

δ. Olens.

* From *ἔκκρισις*, secretion.

a. Acida.

b. Fœtida.

ε. Symptomata. Accompanying several diseases.

ζ. Critica. Deemed critical of the termination of several acute diseases.

η. Vicaria. In which milk, bile, and urine, have been observed to pass off by the skin.

Sp. 3. DIARRHŒA. Inordinate secretion of the intestinal fluids, with increase of the peristaltic action.

α. Fusa. Fæces natural, but liquid and abundant.

β. Biliosa.

γ. Chylosa.

δ. Peristaltica (*lienteria*).

ε. Aquosa.

The diarrhœa mucosa is not arranged with the above, from its nature being purely catarrhal (vide *Catarrhus intestinalis*).

Sp. 4. MENORRHŒA. Inordinate secretion of the menses.

α. Periodica. At the regular periods.

β. Crebra. Recurring at more frequent periods than natural.

Sp. 5. DIURESIS. Excessive secretion of urine.

α. Diabetica (*diabetes*). It is now unnecessary to add "*Mellita*," since it is agreed that there is but one form of this disease.

β. Sympathetica. Produced by various articles of diet, &c.

γ. Symptomata. Symptomatic of hysteria.

δ. Critica. Ensuing on the termination of several acute diseases.

Sp. 6. GALACTIRRHŒA. Inordinate secretion of milk.

α. Anticipans. Before delivery.

β . Serosa. Thin and watery.

γ . Depravata. Vitiated in its properties.

Gen. II. HYPOPOIETICI. In which the natural secretions are morbidly defective.

Sp. 1. AMENORRHŒA. Absence of the menses.

α . Inops. In which they have never appeared.

β . Chlorotica (*chlorosis*).

γ . Suppressa.

Sequela.

Catamenia vicaria.

a . ab oculis.

b . a naribus.

c . a mammis.

d . a ventriculo.

e . ab intestinis.

f . ab ulcere, &c.

Sp. 2. DYSMENORRHŒA. Menses sparing in quantity, and secreted with difficulty and pain.

α . Sthenica. From rigidity.

β . Asthenica. From debility.

γ . Cessionis. Incidental to the period when they are about to cease.

Sp. 3. DYSLOCHIA. Absence of the lochia.

α . Inops.

β . Suppressa.

Sp. 4. AGALAXIS. Absence of milk.

α . Inops.

β . Suppressus.

Sequela.

Galactirrhœa vicaria.

a . ab oculis.

b . a vagina.

c . a tota superficie mammarum.

d . a renibus.

Sp. 5. ISCHURIA. Absence of the secretion of urine.

α. Inops.

There is one case on record of this singular phenomenon, which the reader will find in the Philosophical Transactions, by Mr. Richardson, of a boy who never secreted urine at all.

β. Idiopathica.

γ. Symptomatica. Symptomatic, at times, of nephritis.

Sequelæ.

a. Urancephalus. Urine secreted into the ventricles of the brain.

b. Diuresis vicaria.

a. a cute. In which the urine passes off in the form of perspiration.

b. ab intestinis. Secreted and discharged by the bowels.

The disease of *defective secretion of bile*, though so common an affection, has obtained no specific name. *Acholirrhæa* would express it; the vicarious sequela of which is—

Icterus.

a. a torpore hepatis.

b. a hepatite acuta.

c. ————— chronica.

d. Pathematicus. From violent mental emotion.

e. Sympatheticus. From the sympathetic irritation of duodenitis, &c.

f. Symptomaticus. Accompanying the yellow fever, &c.

The pathology of jaundice, as at present laid down in books, is that it arises from the reabsorption into the circulation of bile that had already been separated from the blood, from an impediment existing somewhere to the transit of this fluid into the duodenum. Now, without insisting on the prodigious quantity of bile that would be required to tinge yellow so large a mass of an already deeply-coloured fluid as the blood, it may be allowed us, in this place, to refer to the experiment of M. Magendie, who, when he injected only about two drachms of bile into the veins of an animal of the middle size,

caused its death. Again, it may be asked, how comes it so frequently that jaundice shall occur, and yet no impediment to the free issue and discharge of the bile shall be found to have existed? Another circumstance deserving of recollection is, that bile is often seen to be separated in abundance from the blood by the kidneys, for several days *before* any jaundiced yellowness is perceptible even in the conjunctiva. And the last fact I shall notice, subversive of the doctrine of reabsorption, or of the necessity for it at all, is, that the experiments of Orfila, Chevreul, and Clarion, have established, that several of the immediate principles of bile, if not bile itself, exist naturally in the blood; and hence it would appear, that the office of the liver in separating this fluid from the circulation is not formative, but secretory, in the most literal meaning of the word.

Premising these few remarks, we now can see why and in what manner jaundice may be produced, without having recourse to the improbable doctrine of reabsorption, against which a strong array of other circumstances militates. The liver ceasing its function of separation from any cause, the bile, or its immediate principles, thus accumulate in the blood; and when this takes place, the author conceives several vicarious actions are instituted as suppletories: the kidneys are made to strain off a large quantity of it; cases are on record where the salivary glands have secreted it in abundance; and the yellowness of the skin, he conceives, is entirely owing to the same suppletory function being instituted by the exhalants that open on the surface of the body; hence we not unfrequently see the body-linen of a jaundiced patient tinged yellow.

Gen. III. CACOPOIETICI. Extraneous and vitiated secretions.

Aëriformis.

Sp. 1. EMPHYSEMA.

- α. Subcutaneum. Inflating the subcutaneous cellular membranes.*
 - a. Idiopathicum (a venenis).*
 - b. Symptomaticum (a vulneribus).*
- β. Pulmonum.*
 - a. Vesiculare.*
 - a. Symptomaticum.*
 - b. Traumaticum.*

- b. Interlobulare.
 - a. Symptomaticum.
- γ. Pleuræ.
 - a. Traumaticum.
- δ. Pericardii.
 - a. Traumaticum.
- ε. Tympaniticum (*tympanitis*).
 - a. Abdominale.
 - b. Intestinale.
 - c. Traumaticum.
 - d. Symptomaticum. Symptomatic of dyspepsia, hysteria, &c.
- ζ. Uteri (*physometra*, *tympany of the womb*).

Materiæ Calcareæ.

Sp. 1. URALITHUS* (*calculus, or the stone*).

- α. Renalis.
 - a. Arenosus (*renal gravel*).
 - b. Calculosus (*stone in the kidney*).
 Sequela.
Nephritis calculosa.
- β. Vesicalis.
 - a. Arenosus (*vesical gravel*).
 - b. Calculosus (*stone in the bladder*).
 Sequelæ.
 - a. Dysuria.
 - b. Cystitis calculosa.

Sp. 2. PHOSPHOLITHUS (*ranula*). Deposition of a phospho-calcareous matter within a salivary duct. (Usually occurring under the tongue.)

Materiæ Sebaceæ.

Sp. 1. ENCYSTIS.† Tumours formed by secretions of a morbid nature into the sebaceous follicles.

- α. Steatoma.

* From οὔρον, urine, and λίθος, a stone.

† From ἐν, within, and κύστις, a sac or cyst.

- β. Atheroma.
- γ. Meliceris.
- δ. Molluscum.

These tumours differ essentially from those fleshy formations immediately to be classified, from being merely morbid alterations in the consistence and quality of the sebum, the sac of which is formed by the enlarged follicle itself; whereas in the sarchexiæ, the tumour is a new matter entirely, and the enveloping cyst formed of condensed cellular membrane.

Trib. IV. ORECTICI. Diseases of the appetites.*

Sub-Gen. I. HYPERTONICI. In which the appetites are morbidly excessive.

Sp. 1. BULIMIA (voracious appetite).

- α. Helluonum.
- β. Syncopalis. A constant craving for food as soon as the stomach is empty, accompanied with a fainting sensation.
- γ. Canina. Insatiable appetite, followed by vomiting shortly after being gratified.
- δ. Convalescentium. Attendant on convalescence after certain diseases, more especially fevers.

I had an opportunity of witnessing this in a remarkable degree after the Walcheren fever.

- ε. Symptomata. Symptomatic of worms, &c.

Sp. 2. SATYRIASIS. Unbridled desire for venery in the male.

- α. Juvenilis.
- β. Furens.
- γ. Sympathetica. Excited by prurigo podicis.

Sp. 3. NYMPHOMANIA. Immoderate desire for venery in the female.

- α. Salax.
- β. Furibunda.

* From *ὀρεξις*, the appetite.

γ. ab acribus.

δ. Sympathetica. Excited by prurigo pudendi, podicisve.

The author has purposely excluded both Polydipsia and Adipsia from his nosological arrangement, seeing they are merely symptoms, and not diseases.

Gen. II. ATONICI. In which the appetites are morbidly defective.

Sp. 1. ANOREXIA (*want of appetite*).

α. Idiopathica. From atony of the stomach.

β. Symptomatica. Symptomatic of general debility, palsy, all the cachexiæ, and of most acute diseases.

Sp. 2. ANAPHRODISIA (*defect of venereal desire*).

α. Asthenica. Usually induced by previous excesses.

β. Symptomatica. Symptomatic of palsy, &c.

Gen. III. DIASTROPHICUS.* Depraved or perverted appetite.

Sp. 1. PICA (*a longing or craving*).

α. Chlorotica. Attendant on chlorosis.

β. Prægnantium. Affecting pregnant women.

γ. Afrorum. Observable in negroes.

Trib. V. CYETICI.† Diseases of pregnancy.

Gen. I. GENETICI.‡ Of conception.

Sp. 1. FÆTATIO EXTRA-UTERINA.

α. Ovaria.

β. Tubalis.

γ. Abdominalis.

* From διάστροφος, perverse, depraved. † From κύησις, pregnancy.

‡ From γένισις, generation.

*Gen. II. TOCEI.** Of parturition.*Sp. 1. ABORTUS.* Premature parturition.*Sp. 2. DYSTOCIA.* Difficult parturition.*α. Atonica.* Labour protracted, from general or local debility. .*β. Implastica.* From rigidity of the cervix uteri, or of the vagina.*γ. Perversa.* From an unnatural presentation.*δ. Amorphica.* From some malformation either of the mother or foetus.*ε. Deuterotoca.* From there being more than one child.

General sequela.

Prolapsus uteri.

Sp. 3. ATOCIA. Parturition requiring instrumental aid, from the inability of the uterus to accomplish delivery.*Sp. 4. DEUTERIA.* Retention of the after-birth.

Vogel uses this word.

Sp. 5. HYSTERALGIA PARTURIENTIIUM. After-pains inordinately severe.

* From τόκος, parturition.

Classis IV. VITIA.

INJURIES, morbid formations, and malformations.

The diseases of this class comprise all those injuries that result from external violence, and which, for the most part, are accompanied with disfigurements; and likewise all those morbid formations, the result of an extraneous formative action, and those malformations whose origin is congenital.

Ord. I. DIALYTICA.

Disunions affected by force.

Gen. I. PLAGÆ. Injuries of a recent nature.

Carneæ. Inflicted on the soft parts.

Sp. 1. CONTUSIO. In which, the disruption is of a bruised nature.

α. Superficialis (ecchymosis).

β. Profunda.

γ. Complicata. Accompanied with a wound.

a. Thrombus.

b. Sugillatio.

Sp. 2. CONCUSSIO.

α. Simplex.

β. Complicata. Accompanied with a wound.

Sp. 3. STREMA (a strain). A violent and sudden extension, and partial rupture of the fibres of a tendon.

Sp. 4. VULNUS (a wound).

α. Simplex.

β. Laceratum.

γ. Puncturatum.

δ. Penetrans.

ε. Contusum.

ζ. Venenatum.

Sequela.

Ulcus.

Recens.

a. Simplex.

b. Irritabilis.

c. Sinuosus.

d. Gangrænosus.

e. Specificus.

a. Sarcophagous.

b. Scrofulosus.

c. Tuberculosus (*noli me tangere*).

d. Cancrosus.

Chronicus.

a. Spongiosus.

b. Fistulosus.

c. Callosus.

Sp. 5. EXCORIATIO.

α. ab acribus.

β. ab attritione.

γ. ab inflammatione.

δ. ab ambustione.

a. a solido candente.

b. a fluido fervente.

c. ab aëre calido.

d. a corrosivis.

Sequelæ.

a. Eschar.

b. Ulcus.

c. Gangræna.

Osseæ. Disunions of the osseous structures.

Sp. 1. FRACTURA.

α. Simplex.

Sequela—Articulus supplementarius.

a. Cranii.

Sequela—Apoplexia traumatica.

b. Costarum.

Sequelæ.

a. Pleuritis.

b. Pneumonitis.

c. Hæmoptysis.

d. Emphysema.

c. Dentis.

Sequela—Odontalgia cariosa.

β. Comminuta.

γ. Complicata (*compound fracture*).

Sequela.

Sphacelatio.

Sp. 2. FISSURA.

α. Subjacens.

β. Contrajaccens.

γ. Complicata.

Sp. 3. DIASTASIS. Forcible separation of immovable bones without fracture of their substance.

α. Sutura. Of the sutures of the cranium.

β. Synchronosica. Of uniting cartilages.

a. Of the symphysis pubis.

b. Of the ileum from the sacrum.

c. Of a rib from the sternum.

γ. Epiphysica. Of a bone from its epiphysis.

Ord. II. ECTOPICA.

Displacements originally the effect of force.

Gen. I. PARTE TECTA.

Sp. 1. HERNIA.

α. Inguinalis.

a. Scrotalis.

Congenita.

β. Femoralis.

a. Enterica.

b. Vesicalis.

- γ. Umbilicalis.
 - a. Gastrica.
 - b. Hepatica.
 - c. Splenica.
 - d. Enterica.
- δ. Ventralis.
- ε. Diaphragmatica.
- ζ. Ischiatica.
- η. Vaginalis.
- θ. Interna.

Gen. II. PARTE NUDA.

- Sp. 1. PROLAPSUS.*
 - α. Uteri.
 - a. Simplex.
 - b. Inversus.
 - c. Retroversus.
 - β. Vaginæ.
 - γ. Intestinalis.
 - a. Externus.
 - Recti.
 - b. Internus.
 - Intususceptio.

Gen. III. PARTE DIMOTA.

- Sp. 1. LUXATIO.*
 - α. Simplex.
 - β. Comitata. The consequence of rickets, cartilaginous ulceration, &c.

Sp. 2. SUB-LUXATIO.

Ord. III. CACOPLASTICI.*

Extraneous tumours of a solid nature, not the result of depraved secretion, but of morbid formation.

Gen. I. SARCHEXIÆ.† Fleshy formations.

Sp. 1. SARCOMA.

α. Vasculosum.

β. Polyposum. Confined to the mucous tissues.

a. Plasticum.

b. Coriaceum.

γ. Adiposum.

δ. Adipocereum.

ε. Cellulosum.

a. Bronchocele.

ζ. Pancreaticum.

η. Hepaticum (*hepatization*).

θ. Mammarium.

ι. Tuberculosum.

κ. Medullare.

Sequela.

Ulceratio medullosa (*fungus hæmatodes*).

λ. Melanoticum.

μ. Fibrosum (*scirrhus*).

Sequela.

Ulceratio cancrosa (*carcinoma*).

Gen. II. OSTHEXIÆ.‡ Bony depositions.

Sp. 1. Ossificatio.

α. Cartilaginis.

β. Organica. In the valves of the heart, blood-vessels, &c.

Sequelæ.

a. Hypertrophia et dilatatio cordis. Caused

* From κακός, signifying *morbid*, and πλαστικός, *capable of forming*.

† From σὰρξ, *flesh*, and ἔξῃς, *a habit*.

‡ From ὀστέον, *a bone*, and ἔξῃς.

by the obstruction to the issue of blood from the heart.

b. Aneurisma arteriarum. From ulcerative absorption of the inner tunics ensuing.

a. Ruptura—hæmorrhagia.

γ. Exotica. Insulated in some fleshy part.

Gen. III. CHONDREXIÆ.* Cartilaginous formations.

These are also found isolated in different fleshy parts of the body.

Gen. IV. LITHEXIÆ.† Earthy formations.

Sp. 1. TOFUS (*gouty concretions*).

Ord. IV. ALIENIGENI.

Extraneous lodgments made in the body by other living animals.

It is on account of the anomalous nature of the following diseases, that the author has deemed it necessary to place them in an order by themselves.

Gen. I. VERMES (*worms*).

Alvi. Inhabiting the small intestines and cæcum.

Sp. 1. ASCARIS LUMBRICOIDES (*long round-worm*).

Sp. 2. TRICHOCEPHALUS (*long thread-worm*).

Sp. 3. TÆNIA.

α. Vulgaris (*broad tape-worm*).

β. Solium (*long tape-worm*).

Sp. 4. FASCIOLA (*fluke. Gourd-worm*).

Podicis. Inhabiting the lower part of the rectum.

Sp. 1. ASCARIS VERMICULARIS (*maw-worm*).

Sp. 2. SCARABÆI (*larvæ of the beetle species*).

* From χόνδρος, a cartilage.

† From λίθος, a stone.

Sp. 3. ÆSTRI (*larvæ of the gad-fly*).

Sp. 4. MUSCÆ CIBARIÆ (*larvæ of the pantry-fly*).

Sp. 5. GORDIUS (*hair-worm, seta equina*).

Gen. II. HYDATIDES. Found in various viscera, and other parts of the body.

Any differences there may be in the species has not been ascertained.

Ord. IV. CONGENITA.

Congenital malformations.

Gen. I. TOTIUS CORPORIS.

Sp. 1. NANUS (*a dwarf*). The whole body inordinately diminutive.

Sp. 2. PROCERITAS INSOLENS. Inordinate stature.

This is not always, strictly speaking, a congenital affection.

Sp. 3. CORPUS MULTIPLICATUM. A double fœtus.

Sp. 4. CORPUS CONVOLVENS. One fœtus enclosed within another.

Sp. 5. MOLA. General organisation confusedly and imperfectly developed.

Gen. II. PARTIALIA. Malformations of particular parts.

Cutis.

Sp. 1. ALPHOSIS. Rete mucosum wanting.

α. Europea (*albino*). Occurring in the European.

β. Æthiopica. Occurring in the negro.

Sp. 2. NÆVUS (*mother's-mark*).

α. Spilosus. The stain superficial, and of various colours.

β. Diffusus. Spread over a considerable portion of the surface.

γ. Protuberans. Prominent and tuberos.

a. Fructiformis.

b. Sessilis.

c. Pediculata.

δ. Pilaris. Discolouration beset with hairs.

Sp. 3. HIRSUTIES. Hair growing inordinately long, numerous, and strong, or appearing on parts not usual.

Capitis.

Sp. 1. BICEPS. A double head.

Sp. 2. CRANIUM EXPERS (*acephalus*). Head wanting.

Sp. 3. HYDROCEPHALUS CONGENITUS.

Vertebrarum.

Sp. 1. SPINA BIFIDA. Defective ossification of one or more of the lumbar vertebræ, accompanied with intro-theal serous effusion.

Labiorum.

Sp. 1. LABIUM PARTITUM (*hare-lip*). Upper lip cleft down the middle.

Sp. 2. LABIUM BIPARTITUM. Upper lip double-cleft.

Sp. 3. LABIA PROLAPSA. Lips large, protuberant, and excessively unfolded.

Lingua.

Sp. 1. LINGUA FRÆNATA (*tongue-tie*). Frænum too long.

Sp. 2. LINGUA EFFRÆNATA. Frænum too short.

Auris.

Sp. 1. AURIS FLACCA (flap-ear). Lobe of the ear large, broad, and pendulous.

Viscerum.

Sp. 1. COR EXPERS (acardia). Heart wanting.

Sp. 2. COR TRANSLATIVUM, Transposed to the right side.

Sp. 3. CYANOSIS (blue disease). From malformation within the heart.

Sp. 4. ANUS IMPERFORATUS.

Sp. 5. HEPAR MULTIPLICATUM. A double liver.

Urino-genitalium.

Sp. 1. VESICA EXPERS.

Sp. 2. URETHRA IMPERFORATA.

Sp. 3. URETHRA IMPERFECTA.

Sp. 4. PENIS IMMINUTA. Penis extremely small, usually imperforate.

Sp. 5. PENIS MULTIPLICATA. A double penis.

Sp. 6. TESTES UNUS AMBOVE IN ABDOMINE INCLUSI.

Sp. 7. SCROTUM EXPERS.

Sp. 8. UTERUS MULTIPLICATUS. A double uterus.

Sp. 9. VAGINA MULTIPLICATA. A double vagina, usually accompanying the preceding species.

Sp. 10. HYMEN IMPERFORATUS.

Sequela.

Retentio catameniae.

Sp. 11. HYMEN DENSUS ET VALIDUS. Preventing copulation.

Sp. 12. CLITORIS EXPERS.

*Sp. 13. CLITORIS ELONGATUS.**Membrorum.*

Sp. 1. MEMBRUM EXPERS. The whole or part of a limb wanting.

Sp. 2. MEMBRUM SUPERFLUUM. The whole or part of a limb supernumerary.

α. Crura multiplicata. Lower extremities double.

β. Digni superflui. Supernumerary fingers or toes.

Sp. 3. PEDES CONTORTÆ (club-feet).

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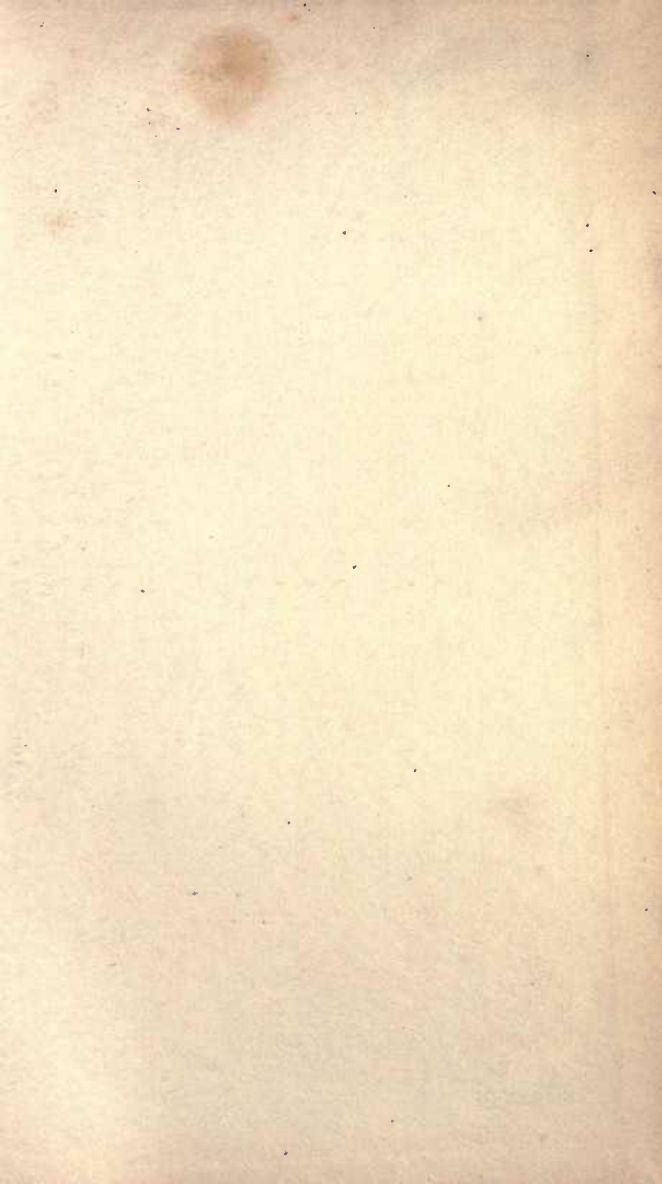
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